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MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

Accidents about the Ancle Joint.

As to dislocation, there is the dislocation of the foot outwards; and in that case the weight of the body falls within the *tibular* side of the arch of the foot, and the foot turns outward. Now, under these circumstances, I can tell you, the weight of the body is retained on the fibula, and this being a slender bone, it often breaks about three inches above the ancle; it may be more or less. Also, very often the ligaments are lacerated between the *tibia* and the *fibula*. The force presses out the external muscles, so as to lacerate the junction between the tibia and the fibula, and the fibula is broken. But it is a bad thing even to look at, when the foot is twisted out in the manner in which it is in this case, and still worse in the worst of all cases, namely, when the dislocation is a compound one, where the surface is rent in a semicircular manner, not all round the joint, but round about two-thirds of the joint, and where the flap of the skin is turned quite tight over the *astragalus*, bending upon it; and this is the situation in which you find the patient. One cannot wonder that the old surgeons were inclined to amputate immediately in such a case, but I am sure no modern surgeon would do so, because there is now such an extent of experience showing that the case generally terminates well: at any rate, I can take upon myself to say I never knew but one that did not terminate well. Yet I know they are very horrible cases, and therefore I do not wish you to think less seriously of them than they deserve; but I should steadily oppose immediate amputation, because the bones can be immediately replaced, and if they can, and can be kept steady, and inflammatory action can be subdued, it is important that it should be so; and I say no surgeon has a right to lop off any part of a man's body but for the preservation of life; it is your duty to give him a chance of doing well. I say, in one of the cases I knew, the man did not do well, but I really did not know why he did not do well; he was a patient in this Hospital, under the care of Mr. Lowndes, and he went out of the Hospital with a very loaded limb, after having been a long time here. I heard afterwards that he died, but I do not know why. However, I mention that case for the reason that this man suffered for a long time, though his *urethra* was as sound as possibly could be—suffered a long time with a retention of urine, and that is what often takes place from injuries to the foot or to the leg. I remember being sent to draw this man's urine off every night and morning, and I piqued myself not a little in doing that. When I put the instrument in, it has been grasped and actually taken out of my hand by the irritability of the muscles, and turned quite round. There was nothing to be done but to go on coaxing it gently, and at last I got to the bladder; and I do say I did that for a whole week, when at the end of that time I could not possibly get the instrument into the bladder; and then I said to myself, egad, the fellow's bladder must burst. I told the nurse to put leeches to the *perinæum*, and to give the patient some castor oil, or something of that kind, and I said I would go and tell the surgeon what was the matter. I went away with a troubled mind, because I certainly felt vexed at not succeeding, and I apprised the surgeon of the nature of the case. He said you have done what is very proper, and we shall see how he is in the morning; but before the morning came, he made water as freely as possible, and never was troubled with a retention of the urine again; so that I am sure I prolonged that man's retention of his urine for one whole week by the absurd practice of drawing off the urine. You have only to put leeches on, even

where stricture is, and after the inflammation is gone they will make as much water as before, or a great deal more, and I am sure that people do keep up irritation by poking up instruments.

But to tell you what is likely to be the consequences of these cases, I have been in the habit of relating three instances; and the first was the case of a poor wee man, who lived in my own neighbourhood, who was employed as a labourer at some buildings, and tumbling off a scaffold, he got a dislocation of the foot inwards. I was, at the time, sitting very quietly at home, when I was called upon to go to an accident that happened in an adjoining street. I went, and when I got there, the door of the house was open, and there I saw this little wee man lying on a mattress in his own parlour, with his foot up. I looked at it, and said to him, "Sir, this is a sad accident, but don't be out of heart about it, we must put it to rights again;" and so I took the skin out, which was turned in over the astragalus, which I think you should always do. I laid the man fairly on his side, with his limb in a comfortable position, his thigh half bent upon the pelvis, and the leg half bent upon the thigh; laid him on his side, and his foot, as much as could be, upon the fibular surface; then I had to use very little effort indeed to put it all right. The semi-lunar rent of the skin, and the other edge, came in such close contact, that it did not seem as if there had been any wound at all. The foot altogether went into its right position; and an accident, which at first you would have said was one of the most horrible kind, appeared to me to be of no consequence. And when the little man saw his leg and foot looking as they ought, he said to me, "Is it possible, Sir, that this case should do well?" "Yea, verily," said I, and I have seen many such cases do well. He said, "Why, Sir, they have gone for the instruments." Two surgeons had been there, and they had actually agreed that amputation should take place immediately. I had not been at all informed of this, so that I was put into an awkward predicament, and was obliged to wait for the arrival of those two heroes. When they came and saw the man lying very comfortably, they really seemed staggered, and said, "But, Mr. Abernethy, you are well aware of those complicated accidents, and can you give us an assurance that this will do well?" I said, "No, certainly not; I can do no such thing; but if it does not do well, you can but have recourse to amputation afterwards, and my surgical character is pledged no further than this. I give you an assurance than no immediate mischief will come on to endanger the man's life; and you may wait to see if his constitution will allow him to do well." Now I said, "I feel I have got into rather an awkward situation, and, if you please, you must just allow me to finish it in my own way." I then got splints, closed the wound, varnished the sticking plaster, and plastered it up. Then I told them about sponging, sponging it continually, so as never to let there be any increase of temperature. In short, there are but two holds you have over any person's mind,—those are fear and hope; and I make use of them both with my patients. I say, if you will be perfectly still, I am confident you will do well; if you move one jot, I am sure you will do ill, that's all. You must not move, not the variation of a hair; not even if an army of fleas were biting you all over, because your safety depends upon perfect steadiness. Well, as to this poor little wee man, God bless me, the wound would not heal; abscesses formed, large ones they were; they were let out, and it is upon this point I have now to speak. The mischief is not done to the joint only, but all the muscles are sprained in a most horrible degree; sprained to such an extent, that the inflammation will take place between the fascia and the substance connecting the muscles; and as soon as you see the fluxion formed, you put a lancet into the abscess, and let it out; for the want of doing this would be, that the joint would come out, and the matter would burst out, leaving a large open abscess and cavity. Now that's necessary to be attended to. But I suppose the wound of this man was all shut up and well in about three months; in six months he walked with a stick; in a year he walked without any stick, and after that he walked about, I believe for twenty years, pretty well, as long as I knew him. Well, that's the case of an unhealthy man, without any particular disorder of his constitution.

Now I will tell you the case of a strong man. This was a fellow who had a sack of malt fall upon him, from the top of Meux's brewhouse; they had been taking up malt with a crane, and a sack fell out of the hooks, and struck him on the leg, by which his foot was turned bottom upwards. The student sent for me to amputate his leg; I came, saw the accident, put it right, laid him on his side, laid him on the splints, told them to bathe him, and so on. The pupil stared, but did not say any thing, until I was going away, when, I believe, they thought I was drunk, or had lost my senses, and they said, "But, Sir, what's to happen?" "I don't know," I said, "but you will see; this is what is to be done; I have told you as plainly as I can;" and they reported that to the surgeon. They said, such an accident as that ought to be immediately amputated. No doubt of it. But all this was said in a sort of whispering

manner. I saw the case daily, and I opened an abscess below the fascia; but really the healing of the wound was surprising. Now that man was kept in bed for six weeks, and at the end of six weeks, he walked about the ward with a stick.

Now, for another: this was the case of a coach-maker, a fellow that used to live freely; not healthy; wrong about his digestive organs; and he got his foot twisted inwards from being thrown out of a gig, which he was driving. He sent for a surgeon, who reduced it; but that surgeon forgot to take out the skin, so that the skin was squeezed into the joint. When the man came to town, I was sent for; and when I saw him, I found that I was obliged either to dislocate his foot again, or to carry a knife into the joint, for the purpose of bringing out the skin, and I preferred the latter; therefore, I laid it open, and got the skin out. Now this was a man of a very disturbed state of health; gay, very impatient to have any thing to do with, irritable, and he had matter formed; had irritable muscles, considerable inflammation; had a violent degree of fever, and, in short, became light-headed. And they very often have their nervous system disordered in such a manner as to become light-headed; or they have a violent complaint in their bowels. In this situation, it was a question whether this man should be bled or not; and I said, no, certainly not, we must attend to his bowels, and we must not give him such food as his stomach cannot digest, but which will produce irritation. The third day, however, the action of the fever was so vehement, and the man was so light-headed, and so disobedient to those regulations of quietness which he ought to have observed, that I consented to his being bled, and we took from him twelve or fourteen ounces of blood. His blood, however, was not inflammatory, and I don't think it did him any good at all. Now this sort of fever arising from accidents, generally subsides about the fourth day; and so it did in him. But we had a great deal to do afterwards, I can assure you; for the foot was twisted, with the muscles, in a wrong direction; however, by straps and plasters, and management, we got it to rights; and I was continually telling him what the error, in the position of his foot, was, and that the proper bearing of the body should be on the middle arch of the foot. Egad, speaking to a coach-maker, a man who understood how the bearing of weight ought to be, he had always some new contrivance for keeping his foot in a right position; so that I really attribute the keeping of his foot in a good position, in a great degree to his own ingenuity, and he has been walking about well ever since.

Now, then, I have given you three cases, and I could tell you lots of others, if necessary; but I say I have generally found them do well, in consequence of a strict observance of those principles which should regulate the conduct of surgeons in the treatment of diseases. If you can but put parts right, and keep them still, blood agglutinates them to one another; and if you can but repel inflammation, a great deal of good will be done; the parts will be united by adhesion, and, therefore, where there is not inflammation, the case is rendered of far less importance, than it was formerly.

Well, but about the misdirection of weight; that is, the weight not falling upon the arch of the foot, but falling on the *tibial* aspect of the leg and foot. O, that's a very bad thing indeed. There you see the internal ligaments are strained; they are strained amazingly, and they elongate.—That is what you see very commonly in growing lads, and particularly those who carry weights on their shoulders; in bakers' boys, for instance, you see the foot turned out, the internal muscles turned in, the knee—I don't know whether they don't call it baker-knee'd or not—the knees approximating to one another; so that it is of the utmost consequence to keep the weight of the body bearing on the astragalus and middle of the arch of the foot. You may say, hang these chaps, I don't care much about them; but I will tell you of a set of patients who you will care about: a young lady has her foot distorted, the muscles strained, and, as you will find, the round head of the astragalus coming out of the bed of the *os naviculare*; if the foot is twisted out, it will necessarily bring the knee inward; and there's a case you will care about. Consulted by people of wealth and opulence, and distinction, "How am I to do with my daughter; could you recommend irons, or what's to be done?" Now I say to them just this, "I would re-recommend your daughter to observe how she walks, and to take care that the weight of her body rests on the middle of the arch of the foot. I would recommend her not to walk with her toes turned out, but with them as straight forward as she can, for that's one of the things which gives cause to the weight to fall on the inside of the astragalus." In general you observe dancing ladies with their toes very much turned out, and I say, O, you must give up dancing, and do not turn your toes out at all. Then another thing to be attended to is, that you may heighten the inner quarter of your shoe, and that will help your weight to fall on the middle of the arch of your foot. You know that putting a strap round your shoe, and fastening that strap round your leg, is tantamount to the inner quarter of the shoe being heightened. If those things do not

succeed in preventing the evil, why then you may have recourse to machinery, to irons, and so on; but I can tell you, after having seen a multitude of those cases, there was no necessity for irons at all, and by merely attending to those simple rules, and avoiding letting the weight rest where it ought not to have rested, they have grown up with ancles that were not materially wrong; the weight became transmitted to the astragalus, very much as it ought to be.

Now the bones of the leg may be dislocated forward upon the arch of the foot; in that case it is not very difficult to reduce the dislocation; extend the foot, bring it forward, and press down the bones of the leg; and if you know what you are to attempt, common sense will tell you how to set about it.

But there is another dislocation which I think worse, and that is where the bones of the leg are thrown backward upon the narrow part of the astragalus. Now that indeed seems to me to be the only case of difficulty, for you see the muscles of the calf of the leg, by drawing up the heel, tend to keep the foot extended in a very great degree; there is something in the form of the bones which tends to keep the bones of the leg in this improper situation; and if a man recovers with the bones here, the support of the weight of the body will be very imperfect, and the use of the foot also very imperfect, without any freedom of motion. Now to keep the bones of the leg upon the broad part of the astragalus, is a matter of considerable difficulty; I know, however, that it is to be done, and I have the satisfaction of saying, I have seen several patients turned out of this Hospital with a very right bearing of the leg upon the astragalus, who had had this sort of dislocation.

Now, with respect to the *tarsus*. I have seen cases where the bones of the tarsus were subject to separate diseases, and puzzling diseases too. When there is a disease in the tarsus you can't examine it, because the parts are swollen over; where there is a disease in the joint, and where the astragalus covers over the *os calcis*, there you cannot see the disease; there are no external signs of it, but the patient is very lame. Upon striking the heel-bone, and jarring these joints of the foot, the patient has complained of pain in them, and by that I have judged of disease in them. I remember a man who jumped out of a gig, hurt his foot, and the round head of the astragalus protruded. He came to town, and I tried to reduce it; I tied a cordage to the foot, and pulled it, but all in vain, and I was very much vexed at it. Well, I asked another surgeon to be present at another attempt of the reduction of it, and I did the same thing in his presence, but without accomplishing it. Then said the man, afterwards, "I thought I would let you try, for I thought you would do me an essential good if you could get that bone reduced, but it has been out for a very long time." It turned out, therefore, that the astragalus had been on one side for a long time, and that from jumping out of a gig the man had hurt it; but there was nothing extraordinary, and as you know all parts in the course of time will grow into a new modelled way, there was no possibility of reducing it.

With respect to dislocations or fractures about the Arch of the Tarsus,

I have nothing to say about them. The fabric is exceedingly strong, and yet, nothing will resist extreme degrees of force. I have seen the tarsus broken, and the bones smashed all to pieces; I cannot say what the nature of the accident is, and I am sure I know not how to replace them. Yet in those cases, they have done moderately well, and people have had tolerably good feet to walk on. There was a medical man who called on me the other day, complaining that he had no spring in his foot. Now he had broken both his astragalus and his os calcis; and instead of complaining, I said, you may congratulate yourself that you have such a foot to walk on as you have; it would not do for a dancing master's foot, but what has that to do with it?

Then, I say, there are cases where a part of the tarsus has been knocked out, so that you can feel it projecting, but as to getting it in again, that's perfectly out of the question; the muscles seem to close the vacancy in which it should be lodged, and I really cannot tell how to get it in again; it's impossible to get it in. Well, are you take it away? Aye, that's the question. Then I say, I would not, nor would I have it done. I would keep my foot still, and keep down inflammation, and if that protuberance became a matter of annoyance to me afterwards, then I would have it taken away, as a separate operation; I have seen a great many of these cases, but I have never seen any patient yet, who was willing to submit to a separate operation to have the bump taken away.

Joints of the Toes.

Now, as to the joints of the toes, the grand object of knowing these joints, is to understand the amputation of them. In amputating the joint of the toe, you bend the toe downward, then cut away the lateral ligament, then you may dislocate the bone, and see what other ligaments are to be cut.

But here you are to be aware that there are the largest *sesamoid* bones in the body; and therefore, in amputating this joint of the great toe, for instance, you are to make up your mind, as to whether you will take away or leave the *sesamoid* bones; if you take them away, you are to carry your knife toward the tarsus; but if you leave them, you are to cut close to the first bone of the toe.

Now, one thing more, Gentlemen; I have now gone through the whole of the skeleton, but have not said one word about the holes by which the *medullary arteries* enter the body. I do not consider the subject important, but I think you will understand them better by mentioning them altogether; besides, writers have made remarks upon the subject. Then the medullary arteries are found in the *os brachii*, and in the *os femoris*, two thirds from the top, and one third from the bottom, the canal sloping upwards; in the fore arm, and in the *tibia* and fibula one-third from the top, and two thirds from the bottom, the canal sloping downwards.

EXTRACT FROM A LECTURE

DELIVERED BY

DR. AYRE ON DROPSY.

You will collect from the observations which I have just made to you, that the dropsical effusion into a cavity of the body, as the mere effect of a disease, and not the disease itself, may be often temporarily removed, when the cause producing it is left behind; whilst, in other cases, the means which are employed with the professed purpose of only removing the water, may succeed in removing at once the water and the cause of it. Now this cause, as I have already stated to you, is an inflammatory action present in the vessels of the serous membranes; and it is by the low and spare diet which Nature often, by diminishing the appetite, happily puts the patient on, and by the active purging and other means prescribed for carrying off the water, that this inflammatory action is at length, in some instances, subdued. Upon this, the cause being removed, the removal of the fluid collected is a task of little comparative difficulty; and hence any diuretic given at the time when this very material, but often unobserved, improvement has been effected, obtains a credit for the cure, which would have equally been due to other medicines of the same class, if given under the same circumstances. And this, I apprehend, is the reason why the *genista*, or broom, has just now acquired such celebrity, by the beneficial effects it is thought to have produced in the complaint of an illustrious personage, but which has not been more useful than others would have been, if given under the same improved condition of the disease. And this is a point of great importance for you to attend to; for you might be misled by its apparent success in this case, and be induced to rely on it as a remedy in dropsy; the truth of the matter being *this*, that neither the broom, nor any other of the class of diuretics, is a remedy in dropsy, if the cause be unremoved, and that it can only be by attending to this distinction that the true extent of their powers can be appreciated. In fact, you must remove the cause of the effusion, before you can permanently remove the fluid effused; and as this cause consists of an inflammatory state of the serous tissues, you must direct yourselves to this cause; and instead of trusting to the indirect and uncertain means of mere regimen and general remedies, you must employ other and more direct means for its removal. To illustrate this important principle, I may mention the particulars of a case of dropsy which some months ago came under my care, and which, by its successful issue, proved very fully the benefit of the antiphlogistic plan of treatment in these diseases, and confirms the view which I have taken of the inflammatory character of anarsarcous swellings. The case I allude to, is that of a gentleman whom I saw in consultation with Mr. P. Macgregor, surgeon to his Royal Higness the Duke of York, and sergeant-surgeon to His Majesty. The patient was fifty-seven years of age, of a plethoric habit, and laboured under a dropsy of the chest and abdomen, with very considerable dropsical swellings of the legs and thighs. The anasarcous state had been coming on for two years, but the effusion into the cavities had only recently happened. The dyspnœa, and other symptoms of water in the chest, were very urgent; whilst the entirely broken state of health under which the patient apparently was, tended further to deprive his friends and family of every hope of his recovery. From reasons, however, which I have already explained to you, it appeared probable that there was no considerable degree of structural disease, and that by pursuing the antiphlogistic plan of treatment, both the two forms of the disease might be removed. Cupping, therefore, of the chest, with occasional blistering, was employed, together with active purgatives and diuretics, and a spare regimen. The cupping was repeated seven times in about the same number of weeks, and, with the early effect, aided by the general remedies, of relieving, and with the final one of entirely curing him of the dropsy into the cavities, and so much, likewise, of the anasarcous affection as extend-

ed above the knees. The dropsical swellings of the legs and feet resisted these means, and it was thought that they arose from debility, an opinion almost universally entertained in these cases, and that they would yield as the strength returned. And this notion was strengthened, it was thought, by the fact, that the swelling of the feet and ancles had already existed two years, and had become habitual to the parts. It did not, however, appear to differ in the nature of its cause, from the effusion into the cavities; and it yielded not to the general means, only because of its purely local nature. Local means, therefore, became necessary to subdue the increased action in the vessels of the part, and these means were the cold evaporating lotions which I have described to you, applied by pledgets of muslin to the dropsical limbs. The general remedies had been discontinued for some time, when this plan was begun. From the first day of their use, the swellings began to subside, and in less than three weeks were entirely removed; and although it is now more than four months since this result occurred, there has been no return whatever of any dropsical symptom, and, at the present time, our patient is in the enjoyment of perfect health, without a vestige remaining of his former disease.

BIOGRAPHICAL SKETCH OF SCARPA.

Scarpa, whose death we lately announced, was one of the most distinguished surgeons of Italy; and so much was he respected by his countrymen, that his opinion was almost invariably consulted in all matters of disputation, and his judgment considered to decide the argument.

This confidence in an individual, almost amounting to veneration, is easily accounted for, when we remember the little collision of talent to be expected in a country almost as besotted, morally, as the physical powers of its inhabitants are degenerate. Many men in the more active parts of Europe have done more than Scarpa, without receiving half the adulation bestowed on him; for, with the exception of Vacca, Rasori, Geri, Omodei and Tomassini, and perhaps some one or two more, Scarpa was the only man in Italy whose writings were worth perusing. He commenced his public career at Pavia in 1745, where he was appointed Professor of Medicine. He soon discovered a greater energy of intellect than his contemporaries, and a disposition to employ them; and by his literary labours he secured the respect of all the well informed surgeons of Europe.

Among his publications, his work on aneurism is entitled to the first place; he warmly espoused the operation of Hunter, and contributed to bring it to its present state of perfection by recommending the incision to be made in the upper third of the thigh, in order to avoid the necessity of removing the sartorious too much from its position in exposing the artery; but his mode of securing it with a large ligature, and a roll of linen between the knot and the vessel, has been deservedly condemned. The engravings of the parts concerned in the operation for popliteal aneurism are very accurate, and beautifully executed; but their expensive form contributed much to retard the sale of the work, entitled, "Sull' Aneurisma Riflessioni ed Osservazioni Anatomico-Chirurgiche,"—which has been translated into English by Mr. Wishart, and went off so well that a second edition was called for in 1819, which contained the additional matter of a supplement published by Scarpa to his former edition. This work has been translated into French by Delpech, of Montpellier, and into German by Parrott, of Berlin. His book on Hernia, "Sull' Ernie Memorie Anatomico-Chirurgiche," gained him great credit; this has also been translated into English by Mr. Wishart. The anatomy of the parts concerned in the different kinds of hernia is shown with great fidelity. His volume on the principal diseases of the Eye, "Saggio di osservazioni e d'esperienze sulle principali malattie degli occhi," is a very respectable production, and is sufficiently known through the translation of Mr. Briggs. That it was highly esteemed on the Continent, may be learned from the fact, that the original passed through five editions, and the French translation, by Bousquet and Bellanger, through two. Another French translation appeared in the same year by Pescay and Begin. In addition to these he published several minor works, on congenital deformities of the feet, strictures on Vacca's operation of lithotomy, and so on; and during the last year he collected his detached Essays into two volumes 4to, under the title of "Opuscoli di Chirurgica," with plates.

For some time before his death he had given up his post as Professor, and lived at a little distance from Pavia, at his country seat. He continued to take a great interest, however, in the progress of surgery, and contended sternly with Vacca against the adoption of his modification of the recto-vesical operation, and succeeded in convincing the latter of his error; but it is unnecessary here to state his objections, as they are already in the possession of the readers of The Lancet. He was the brightest ornament of Italian surgery, and has left in its annals an *hiatus non facile repletus*.

THE ITALIAN SCHOOLS.

Pavia.—No. II.

Meglio è un negro accordo, che un grassa senbenza.

Although my expectations of finding much intellectual energy among the Dottore of Milan were never very high, I must confess that their habitual inactivity, and indifference to the progress of medical science, far exceeded what the charity of former itinerants had assigned them. Rasori and Omodei are the two best informed men in the place; the former, as you are aware, is the founder of the doctrine called *contrastimulist*, which has made some noise in the South of Europe; but it may be correctly called an abortion of the theory of Brown, and is worthy of no greater attention, as I hope hereafter to be able to show. Omodei's Journal, the Annali di Medicini, is a dull reprint of exotic productions, and if perchance any thing professedly original creeps into its pages, it is seldom worth the time bestowed on its perusal. Omodei complained of the laziness of his countrymen, and confessed that his book scarcely paid the current expenses. You formerly were a subscriber to this apology for the name it bears; but its worth has such little proportion to its lumber, that I should suggest the propriety of your giving it up. You safely say of its original articles, what the Venetian Count is made to say of the scarcity of reasons in the conversation of his friend: they are like two grains of wheat hid in two bushels of chaff; you may seek all the day ere you find them, and when you have found them, they are not worth the search.

I was told, that the University of Pavia might be esteemed the most flourishing in Italy, particularly for medicine; and as I found that the greatest number of the students there were medici, you may wish to know the plan of medical study pursued at the once far-famed Schola Ticinensis. The prescribed period of study is five years, and no examination can be made until that time has expired. The subjects to be studied in each semestre are fixed, and certificates of having attended each subject in the semestre allotted to it are rigorously enforced. It would occupy too much room to enumerate all, but I may say that the arrangements made are such as to secure, with moderate attention on the part of the student, a competent knowledge, not only of the mere drudgery of his profession, but of those branches of science which legitimately fall within the scope of his studies. The provisions made for the practical part of education are not forgotten, so that in five years men are sent forth to take charge of their fellow creatures with some better qualifications than the general practitioners in England can ever hope to possess, as long as that vile system of apprenticeship, or in other words, the term of indolence and imprisonment is allowed to continue.

Unfortunately for Pavia, the names of Spallanzani, Tissot, Frank, Volta, and Scarpa, are no longer to be found among its list of professors; but, notwithstanding, there are some good teachers, who appear to take pleasure in the fair discharge of their duties. The artificial distinction observed in Great Britain, between the practitioners of surgery and medicine, is not known in Pavia, Padua, or in any other universities in Europe. The course of study is the same for each, and both must study obstetrics and forensic medicine. The library of the university contains about 85,000 volumes, but very few additions have recently been made to it; it was the general complaint among the intelligent students, that they were compelled to read old books if they would read any; for although the university has recovered somewhat of its funds, since it has been under the protection of the Austrian government, its resources are much more abridged than in the olden time. The museum of natural history contains many interesting preparations; and among the rest some by Spallanzani, which are very much valued. The anatomical collection was founded by Rezia, and was brought to its present respectable appearance principally by Scarpa. There are two large wax preparations in it, which were originally brought from Florence, the one exhibiting all the viscera in their natural situations, and the other all the superficial lymphatics of the body. Among the curiosities of this cabinet may be mentioned a preparation showing the lymphatic vessels of the chest and abdomen, dissected by Rezia on his own daughter. In the pathological museum is the bladder of Spallanzani, in which there is a large fungous excrescence growing around the origin of the urethra. He laboured under this disease for many years, and it was ultimately the cause of his death.

The medical clinic is conducted by Professor Hildebrandt, the son of the celebrated physician in Vienna; he succeeded Burserius in the directorship. He has recently treated some cases of tetanus successfully with mercury, in large doses, used internally and externally; he has tried opium and potash repeatedly in similar cases without any benefit. Here also, as in Milan, cases of pellagra are daily to be seen in the streets and in the hospitals; and although additional accommodations have been latterly provided by the Government, yet the

public hospitals of the country are not sufficiently large to receive the vast number of persons affected with this miserable disease. The greater portion of these unfortunate people perish in their own habitations, or drag out a miserable existence, the wretched spectacles of fatuity and misery. I expected in this communication to have given you the history of this formidable disease, but I find that I shall be obliged to postpone doing so until my next letter; there is only room at present just to say, that it prevails chiefly in the provinces of Lombardy, which may be termed a vast plain, rising gradually on its northern side into hills which intermediately connect it with the Swiss and Tyrolese Alps. The district which appears to have suffered most from the ravages of the pellagra, is that which formerly constituted the Duchy of Milan, or that portion of the country lying towards the hills between the Lago Maggiore and the Lago di Como, already celebrated in prose and song. It was here that the disease was first thoroughly investigated, and some time elapsed before it was described as appearing in the Venetian provinces, and near the shores of the Adriatic.

Rosa was formerly Director of the Ophthalmic clinic at Pavia, but he has been called to Vienna to take charge of one of the clinics in the great hospital. Rosa was formerly a pupil of Beer's, and is always exceedingly polite to all foreigners, especially the English. In Pavia, as in most of the schools in the north of Italy, the contrastimulist doctrine is the most prevalent, whilst in the South the Hippocratic, or the expectant system, is in the ascendency; but there does not seem to be much enthusiasm with either party.

DIRECTIONS FOR THE USE OF THE STETHOSCOPE.

Several subscribers having lately asked for some further information respecting the use of the stethoscope, we have been induced to publish the following description of the varieties of the respiratory sounds, and of the voice, selected from the last edition of Laennec, which may be considered as forming a continuation of the article in No. 155 of The Lancet, Vol. X.:

"If the *pulmonary respiration* can be distinctly heard, equally distributed in all parts of the chest, we may be quite certain that there is no effusion into the pleura, or into the cellular tissue of the lungs; but if, on the contrary, we find that the respiration (pulmonary) cannot be heard in a certain part, we may be quite assured that the corresponding part of the lung is become impermeable to the air. This sign is as decisive, and as easy to distinguish, as the existence or absence of sound afforded by percussion, according to Avenbrugger's method; it indicates, indeed, just the same thing. Auscultation has, as we shall afterwards see, the advantage of indicating, in a more faithful manner, the differences of intensity of the various kinds of pulmonary effusion; and although it requires, it is true, a little more time than percussion, it demands less absolute care, and may be employed in all cases, even in those where Avenbrugger's mode of examining affords no beneficial result.

The next distinction which Laennec makes, in the respiratory sounds, is the *bruit respiratoire bronchique*, or, by way of abridgment, the

Bronchial respiration,

Or the noise made by inspiration and expiration in the larynx, the trachea and the large bronchial trunks situated at the root of the lungs. This sound is heard by applying the stethoscope on the larynx or the cervical portion of the trachea, and is of a very peculiar character. There is not that light crepitation which accompanies the development of the air-cells; the sound is rather more dry, as if made by the air passing into a large space. This sound may be heard on almost the whole surface of the neck, but is very loud on the sides; and we must remember this circumstance in exploring the acromial region, since, by directing the extremity towards the base of the neck, we might suppose the summit of the lung to be perfectly sound, when it is entirely impermeable, hearing only the bronchial respiration. The bronchial respiration can not only be heard distinctly at the root and upper part of the lungs, but even in the principal subdivisions of the bronchia. Laennec certainly goes a little too far, when he says it may be heard "*dans des rameaux d'un assez petit diametre.*"

It is important to be able to distinguish between the *bronchial* and the *pulmonary* or vesicular respirations, not only on account of the many errors of diagnosis which might result from confounding them, but because the first becomes a pathognomonic sign in many important cases. In peripneumony, for example, it is one of the first which indicate hepatization of the lung, and its appearance ordinarily precedes the absence of sound in the lung. It is also one of the first signs which indicate the existence of tubercles accumulated in the summit of the lung.

The third variety of sound afforded by the respiration, is

The Cavernous Respiration,

By which is meant the noise which is made in inspiration and expiration when the air passes into a cavity, formed in the middle of the pulmonary tissue, either by softened tubercles, the effect of gangrene, or by an abscess. This sound has almost the same character as that of the bronchial, but it is very evident that the air penetrates into a cavity larger than that of the bronchial tubes; and if there should be any doubt in this respect, the resonnance afforded by the voice or cough would be sufficient to remove it.

The *respiration soufflante* is the last variety which Laennec mentions. It sometimes happens in the cases where the bronchial or cavernous respiration exists, that when the patient inspires suddenly, or with a catch, the air appears to be drawn toward the ear of the observer, and that in expiration it appears exactly as if some one was blowing into the ear. This phenomenon serves to confirm the existence of an excavation in the lungs near to their surface. This respiration presents one modification to which Laennec has given the name of *souffle voilé*. It appears as if each vibration of the voice, of the cough, or of the respiration, agitated a sort of valve interposed between the ear of the observer and the pulmonary excavation. This phenomenon is found in the tubercular excavations, when the sides, being very thin in some places, are soft and without adhesions, or very near to the sides of the chest. The only sign with which this can be confounded, is with the mucous rattle, where the bubbles of air passing through the fluid are large; but a little experience will serve to discriminate the two.

Of the Voice.

In the early stage of his investigations, Laennec was forcibly struck with a phenomenon which he met with accidentally in the following case. A young woman, about 23 years of age, came to the Neckar Hospital, having a slight bilious fever, and a recent cough. The cylinder was applied to various parts of the chest, and just below the sternal part of the right clavicle; the voice of the patient appeared to pass directly from the chest through the tube of the stethoscope, and this transmission of the voice only happened within the space of a square inch. Not knowing to what to attribute this singular circumstance, he examined almost all the patients in the hospital, and discovered the same thing in about twenty: these were almost all far advanced in phthisis. Other patients, who soon after came under examination, presented the same phenomenon, without having any positive symptoms of phthisis. Two or three patients, in whom the same was afterwards found, were strong and muscular. No one could doubt of their being entirely free from every tendency to consumption. Here were three classes of patients exhibiting the same phenomenon; how was this to be explained? It occurred to Laennec, that the transmission of the voice through the cylinder, might be owing to some cavity produced by the softening of tubercles, or such as are usually known by the name of ulcers of the lung. The existence of the phenomenon in persons who presented no traces of phthisis, could not nullify this opinion, since it often happened that dissections discovered large cavities in the lungs of persons dead of some acute distemper, who had thoroughly escaped phthisis. In all the cases which Laennec examined at the Hospital, he found cavities larger or smaller produced, by a softening of the tubercular matter, and communicating with the bronchial tubes by openings of various sizes. It was found that the *pectoriloquy* (this is the name given to the sound) was more distinct in proportion as the ulcerated cavity was near to the surface of the lung, and that, according to the density of the sides of the cavity. Laennec moreover observed, that the transmission of the voice was never more distinct, than when the lung was adherent to the costal pleura over the seat of the cavity, the sides of the chest thus forming almost immediately a part of the wall of the cavity; a case not unfrequent. Laennec supposes that the *pectoriloquy* is owing to the vibration of the voice falling upon a harder and more extended surface than the ordinary air cell; a conjecture which appears to be supported by the fact, that if we apply the stethoscope to the surface of the larynx or trachea, precisely the same sound is produced.

The vibration of the voice in the different parts of the respiratory organs in their integral and diseased state, presents several important varieties; 1. The vibration of the voice in the pulmonary tissue; 2. In the larynx and trachea; 3. In the large bronchial trunks; 4. In the small bronchial tubes; 5. In the cavities accidentally formed in the pulmonary tissue; 6. That very peculiar sound of the voice which has been named *egophony*, or the *resonnance chevrotante*.

1. The vibration of the voice in the healthy pulmonary tissue is very indistinct; it appears scarcely more than a slight trembling, like that observed by applying the hand on the chest of a man when speaking.

2. The observations made by Laennec on the vibration of the voice in the larynx and trachea, amount to nothing. The same may be said of the 3d and 4th subdivisions of the resounding of the voice, namely, from the

large and small bronchial tubes. Laennec may have heard them, but we never could, and we never found any other persons who did. It is an unimportant matter, and we shall therefore pass to the 5th variety, or the resonnance caused by the excavations accidentally formed in the tissue of the lungs; and this has been called *pectoriloquy*, defined to be the resounding of the voice, which is made in an excavation formed accidentally in the substance of the lung. This phenomenon may be produced by very different causes; 1. In consequence of a softening of the pulmonary tubercles, which is by far the most frequent; 2. By the detachment of a gangrenous eschar; 3. In consequence of a peripneumonic abscess; 4. By pulmonary cysts opening into the bronchia; 5. Probably by the fistulous communication of an abscess of the mediastinum with the bronchia.

HYDATIDS.

CASE IN WHICH NUMEROUS HYDATIDS WERE FOUND IN THE CANCELLATED STRUCTURE OF THE TIBIA.

[*Communicated by Mr.* J. Lambert, *Surgeon, of Walworth.*]

Elizabeth Stankbook, an unhealthy looking woman, 35 years of age, was admitted into Winchester Hospital, under the care of Mr. W. Wickham. It appeared from the patient's statement, that about six years before, she struck the fore part of the left tibia with a sickle, and that soon afterwards a swelling made its appearance at the injured part, which swelling gradually, though slowly, increased until it attained the size of a hen's egg. When this tumour began to form, she could distinguish a slight indentation or depression in the bone, which afterwards became more perceptible; that is, the bone seemed to be more and more absorbed as the swelling increased. About ten weeks prior to admission, she was walking in Stratton park, when her attention being suddenly arrested by a noise, she hastily turned round to ascertain the cause, and in doing so, her right foot slipped. In drawing up the left leg, in order to balance herself, it snapped at the point where the indentation had been felt, and she fell down immediately. She was picked up, and conveyed to her home; the fracture was put up in the usual manner, and the patient remained under the treatment of a private practitioner three weeks; at the expiration of which time, finding that no attempt at union had been made, it was thought proper to send the case to the Hospital. There was considerable pain felt in the part, for a few days after the occurrence of the accident, but it gradually subsided, and at the time of admission was comparatively trifling.

On examining the part, the fractured ends of the bone were readily distinguished, and between these there was an indistinct sense of fluctuation communicated to the fingers on pressing the integuments. It was considered doubtful if any union had taken place, and if so, it was supposed to be very slight. The patient's general health was reported to be better than at the time when the accident happened. The pulse was of moderate firmness; the bowels regular, and the appetite good.

A consultation of the surgeons was held on the case, and it was determined that the diseased portions of bone should be removed.

The operation was performed on the 8th of January. Mr. Wickham commenced by making an incision six inches in length over the fore part of the tibia. Upon cutting over the tumour, a number of hydatids escaped, and when the diseased portions of bone were removed, it was found that the cancellated structure was entirely filled with hydatids, which were easily scraped out. The largest hydatid was of the size of a nutmeg, and the smallest about the size of a pin's head. A tent of lint was introduced, and over it a piece or simple dressing was applied, and the limb was enveloped in a many-tailed bandage; splints were also used.

On the following day after the operation, (Jan. 9,) the report made was as follows:—The patient has not slept well during the night, but is free from any febrile excitement. The limb is easy. Ordered nitric acid wash, with poultices to the sore.

11. A portion of the tent removed; the surface of the wound looking healthy. The patient has now slight febrile excitement; she took yesterday a dose of castor oil. Continues the acid wash and poultice.

13. The tent has now entirely come out with the poultice; the sore has a healthy appearance. She states that her health is better than it has been for some years past; the fever has completely abated. The poultices are discontinued, and the acid wash with the bandage alone used.

16. Healthy granulations are now rising from the surface of the bone. The discharge from the sore is of a healthy character. Ordered to take *thirty minims of the solution of muriate of lime*, three times a-day.

19. The sore continues to improve, but the patient complains of much pain in the leg. As the solution of muriate of lime occasions griping pains, it is discontinued.

22—30. Going on well; the wound covered with healthy granulations. The acid wash and bandage are continued.

Feb. 8—16. The sore has materially lessened.

March 21. The improvement of late has

been very slow; the wound, however, does certainly continue to heal.

April 22. The leg is now rapidly getting better, but it is still kept in splints. The patient can walk with crutches, and goes into the garden when the weather permits.

The patient left the Hospital in the latter end of May, at her own request; the sore then nearly well. It was reported that the leg afterwards became much worse, but the patient did not come back to the Hospital.

SIR ANTHONY CARLISLE'S NEW METHOD OF BLISTERING.

Sir Anthony has lately addressed a letter to Sir Gilbert Blane on blisters, rubifacients, and escharotics, in which he has described the manner of employing an instrument to effect these several purposes. Sir Anthony asserts, that his method is not so painful as the ordinary process of blistering; and to assure himself of this, he first tried the experiment on himself. He says, "the action of a metallic substance heated in boiling water, was first tried on my own arm, and although the pain for the instant was severe, the sum of distress was far below that which is occasioned by a blister of cantharides. I have since employed this mode of blistering on many patients, both women and men, selecting those who had lately been blistered with cantharides plaster, and they affirmed, that the momentary endurance of the instrument was preferable to the other method; and when a repetition of blisters has been since necessary, they have asked for the quick process."

The method of blistering recommended, consists in the application of a metallic instrument, as a small plate of polished iron, heated to a temperature of 212°, by immersion in boiling water for five minutes, to the part intended to be blistered, having previously covered the part with a piece of silk, moistened with warm water; the instrument requires to be firmly pressed against the part for three or four seconds. The first effects of the application are, a corrugation and paleness of the skin; but the red blood soon returning, an inflammatory redness appears, and gradually proceeds to discharge serum, and to detach the cuticle; the wound is then to be dressed with any mild cerate. By this process, the risk of producing strangury is prevented; but that inconvenience may be averted in the ordinary mode of blistering, if the precaution be taken to sprinkle a little camphor on the blister. We saw some patients in the Westminster Hospital who complained very much of the pain which this method of blistering occasioned. It has been employed in a case of sciatica with success.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

BY MR. GREEN,

On the Non-union of a fractured Femur, and on Cataract.

October 30.

Gentlemen,

I CURSORILY mentioned to you sometime ago, a case of fracture of the thigh, which remained in the Hospital under my care from June 29th to October 28th, without evincing any disposition to unite. As the case is in many respects worthy of your attention I shall enter more fully into the particulars, and I will first read to you the notes taken by my dresser:—

David Watkins, aged 65, a porter, was admitted into Abraham's Ward with fracture of the right thigh, and also of the right clavicle, occasioned by his falling over a bannister. He was brought to the Hospital soon after the occurrence of the accident; the nature of both injuries was readily ascertained, and the fracture of the thigh was found to have taken place high up. It was thought desirable to employ Mr. Amesbury's apparatus, and the limb was placed in a good and easy position.

The limb remained in the same position, and confined in the same apparatus, for about six weeks; at the expiration of which time, considering that union had taken place, I desired that every thing should be removed, and directed the patient then to move the limb about in bed. You will find this always, in fractures of the lower extremities, to be a good preparatory step to the patient's getting up and attempting to bear his weight on the limb, and it is therefore a rule of practice which I recommend to your adoption. A day or two after I had seen the patient, he got out of bed on some occasion, (I do not exactly remember what,) and, in the attempt to stand, fell down. He felt something give way, and at the same time experienced much pain. The attendance of the dresser was immediately procured to the case, and he informed me that he found considerable mobility of the limb, and he was induced to suppose that a second fracture had taken place at some distance below the original one. This opinion, however, as we shall subsequently find, was incorrect. Amesbury's splints were again applied to the limb, and nothing material occurred until the 18th of October, when he began to complain of pain in the thigh. I must here remark to you, that the man had, two weeks previously, called my attention to a difficulty of breathing and obscure pain of the chest, with cough, under which

symptoms he had laboured in a less degree for a considerable time. The symptoms, when I saw him, were not, in my estimation, urgent enough to warrant an active plan of treatment, and I therefore directed some pills of conium and ipecacuanha.—Three days before his death I spoke to him on going through the ward, and he seemed much as usual, but on the following day I found him labouring under alarming symptoms; both lower extremities had become much swollen, and were covered with large mottled patches, resembling ecchymosed spots, clearly evincing much embarrassment of the circulation; the face was pinched, the lips were purple, the respiration difficult, and the pulse scarcely to be felt; the bowels had been much disturbed during the last forty-eight hours. Under these circumstances, it was plainly apparent that the patient could not live many hours, and therefore I considered it was useless to adopt any measures. The poor man died early on the following day.

On examination of the body, there were several circumstances which are worthy of notice; and first, of the fracture of the thigh. The fracture was below the trochanter major, and extended, as you perceive, with considerable obliquity; it was what I should term an exceedingly oblique fracture. (The femur was here produced and exhibited to the class.) The muscles, at this part of the limb, appeared to be literally soaked in blood; they appeared as if bruised, and in a cell formed of detached periosteum and muscle, there was a large quantity of clotted blood. You will find, on attentively examining the bone, that there is not the smallest appearance of union between the fractured extremities. It is really difficult to suppose that any union had ever taken place; but certainly, if such were the case, it was not of an ossific nature, and the second accident consequently consisted in the separation of loose adhesions which had formed.

To proceed, however, with the remainder of the post-mortem examination:—The lungs, on both sides, were adherent to the parietes of the chest, but the adhesions were apparently of long standing. The lungs themselves appeared to be congested or loaded with dark blood; the pericardium, it could readily be seen, was much enlarged, and on closer inspection was found to be of a bright florid hue; on making an opening into it, about fifteen ounces of serum escaped from the cavity, and laying it completely open, it was seen to be lined with a dense layer of coagulable lymph.

Here was enough to account for the dyspnœa; but what strikes me as remarkable is, that the symptoms were not more urgent, for here is evidence of considerable disease having existed. I have witnessed, however, some cases, in which the pericardium was, after death, found to have been the seat of serious disease, but which was not manifested by any very urgent symptoms; and I well remember a case in point, which occurred in a riding master who lived in the Blackfriars-road: he was ill only a week; his breathing was difficult, and he complained of an obscure pain in the chest, but he went about his usual employments until within a few hours previous to his death. The pericardium of this man was found much inflamed.

The mucous membrane of the small intestines, in the patient Watkins, was very florid, and there was incipient ulceration in several places; the mucous membrane of the large intestines had a granulated appearance. These morbid appearances may serve to explain the circumstance of diarrhœa occurring as a symptom two days before death.

Having so far detailed the case, it will be proper for us to consider the causes which impeded or prevented union from taking place between the fractured extremities of the thigh bone. If we suppose that the disease in the chest stands in the relation of a cause—that it influenced the restorative powers so much as to prevent union of the bone, then it is necessary to assume the position, that the thoracic disease was of a chronic nature. The great extent of injury done, and the patient's age, may, perhaps, be considered as more probable causes operating in the prevention of union.

The next case on which I shall offer some remarks, is of a patient now in the Hospital, on whom I operated a few days since for the extraction of cataract. The following notes were made on his case when admitted.

October 12. F. H., a healthy man, a stone-mason, admitted on account of impaired vision. He has cataract of the left eye, of varied surface, and striated appearance. The iris does not readily contract, and he compares his vision to seeing through a ground glass. The right eye is deranged in its functions, occasionally seeing things double with this eye. Up to four months ago, he usually wore glasses as preservers; but when at work one day without them, a small piece of stone struck the left eye, and this was followed by great pain, with increased vascularity; and from this time the vision was dim. The right eye has been affected only three or four weeks.

The first thing to be taken into consideration in cases of cataract is, as to the consistency and seat of the opacity; this guides us entirely in the treatment. They may well be divided into hard, soft, membranous, and fluid, each of which has its peculiar and

distinct characteristics. The cataract, in the present case, was of a greyish white; its size was large, *i. e.* it extended beyond the circumference of the pupil, pushing the iris forwards. These appearances led to the opinion of its being a soft or caseous cataract. Another point worthy of consideration is, the cause of cataract. It is generally attributed to the circumstance of the patient having been accustomed to view brilliant or dazzling objects, which, as it is termed, strain the eye; but cataract often occurs in persons who have not been subjected to this supposed cause, and of this we have daily examples. Cataract sometimes succeeds to an injury of the eye; we know that if a sharp instrument be passed into the lens, it becomes opaque; whether this may arise from a deposition of adhesive matter consequent upon the inflammation, or how, or in what manner this effect happens, remains a question. The patient of whose case I am now speaking, had mechanical injury done to the left eye, subsequent to which the vision became obscured: the disease thus succeeding upon the injury, leads to the probability of their standing in the relation of cause and effect.

Now let us consider what were the indications for treatment. Any treatment of cataract, you are probably aware, independent of an operation, is nugatory. But first, you may ask, was an operation proper at all? Under ordinary circumstances, when one eye only is affected, it is considered improper, as you produce a different focus in the two eyes, and the patient is not able to use both at the same time. Besides this, there is such a sympathy existing between the two eyes, that if inflammation were set up or produced in the eye which was operated upon, it might be communicated to the opposite side, and the sound organ be destroyed. I have already told you there was no cataract in the right eye, but there was a deep-seated dimness, probably in the vitreous humour. If the right eye were amaurotic, you may inquire, might not the left eye be similarly affected, and hence render the operation useless. The only mode of ascertaining this, was to know how far the power of vision was good, independent of the opacity of the lens. We could not draw our conclusion by the extent of vision which remained, because a similar power of sight exists in incipient amaurosis, and, therefore, some doubt will always remain in these cases. Taking all the circumstances into consideration, I determined on performing an operation. But as the operations for cataract are various, it may be necessary to inquire which should be performed. There is the operation of depression, or couching, which consists in removing the opaque lens out of the axis of vision, by depressing it into the vitreous humour; a second operation is by what is termed solution; the cataract is here broken up, and left in the eye to be absorbed; and the third operation, is the extraction of the cataract, by which the disease is entirely removed.

With respect to couching, I considered the lens too soft; and as to the operation of solution, I did not consider the patient's age as favourable to absorption. The operation of extraction was, therefore, determined upon, which many of you saw me perform; but as some of you were probably not enabled to see all the steps of the operation, I will explain them to you. (Mr. Green here entered into a minute detail of the mode of operating for the extraction of the lens. The position of the patient, and of the operator, the manner of holding the eye, were explained. The puncture and section of the cornea with Beer's knife, and method of removing the lens by the introduction of the curette, with the after-treatment, were fully spoken of.)

But, continued Mr. Green, every thing did not go on so smoothly in my operation, as I have described to you in speaking of the steps of the operation. When the knife had passed so far, that its point was opposite the pupil, a sudden spasm of the muscles carried the eye inwards, and not following quickly enough with the knife, the aqueous humour escaped, the iris prolapsed, and the knife became enveloped in it. I did not, under these circumstances, continue the incision, but rubbed the cornea gently with my finger, in order to induce the iris to contract. This effect ensued, and I then attempted to complete my incision, but the iris again prolapsed; the rubbing of the cornea was again resorted to, and at length I effected its section, but the opening was very small, and it became a question whether it should not be enlarged by making gentle pressure on the cornea, in the manner I have described; the lens escaped, and with it a small portion of the vitreous humour. This latter circumstance, I should tell you, is certainly not a desirable one to occur, but the loss of a small portion does not interfere with the success of the operation; indeed it has been supposed to have a material effect in lessening the subsequent inflammation and tension of the organ.

The after treatment of the case was simple. On the day after the operation, the pulse was full and bounding, and I directed some blood to be taken from the arm. Since this, every thing has gone on well; the eye has been kept at rest, and there has not been much inflammation. I should therefore hope the operation will ultimately prove successful.

SKETCHES

OF THE

MEDICAL SCHOOLS OF SCOTLAND.

No. II.

THE UNIVERSITY.

"Quid Romæ faciam, mentiri nescio?"

Having passed a bridge thrown as if across the roofs of that subterranean department of the old town of Edinburgh, called the Cowgate, and duly appreciated the taste for domestic comforts which selected such a hideous gulf for the habitation of men, you proceed by a gradual ascent until you arrive at the summit of a ridge, of which these living catacombs form the base. A partial divergeance of several streets affording a more extensive range of vision at this point, you may, perhaps, stop to survey the undulating vista of South-bridge, and, in doing so, cannot fail to observe, amongst the storied tenements rising around you, one of greater magnitude and architectural pretension than its lofty companions. No exterior marks, at first view, present themselves, by which you might determine its destination; or if you should feel inclined to speculate on so trivial a subject, a line of hackney coaches, drawn up "rank and file" in social proximity with its walls, and the hospitable protrusion of its portals on the high way, might probably induce you to set it down for a hotel, or some other public edifice of that kind, devoted to the accommodation of travellers. Piercing the gloom of its dark entrances, the appearance of a chubby-headed lacquey, enveloped in an ample livery of blue and scarlet facings, hat-band with gold, and bearing in his hand a ponderous staff of office, as if awaiting the egress of some titled lord of creation, may further confirm your suspicions. Looking up for the usual signals of entertainment, the grapes, an angel, or the national emblem of the thistle, to decide all doubts on the question, you discover, to your great surprise, an inscription on the parapet, at an elevation beyond the ken of ordinary sight, which informs you, that instead of containing well-aired beds and well-stocked larders, the institution was licensed by James the Sixth in fifteen hundred and eighty-two, for the retail of intellectual improvement. Doing homage to the offended genius of the place in a penitential confusion for your mistake, you advance a few steps, and find yourself in the court-yard of the far-famed University of "Modern Athens." For a moment, the recollection of its illustrious sons may supersede every other feeling, but the freshness of its aspect, and the clink of the hammer still resounding within its apartments, soon dispel the illusion of commencing with the "spirits of other days," and you proceed as a matter of course to admire or criticise, as it may be, the structure which their talents have conjured up amongst their native hills. The whole scene is any thing but favourable to the indulgence of those emotions which we are apt to experience in treading the haunts of philosophy, and places consecrated by the labours and former presence of celebrated men. No professor, clad in the "weeds" of learning, is seen hurrying, with face furrowed by the lines of thought, across its pavement, or pupil robed in academic costume following in the rear; a crowd, perhaps, of young gentlemen issuing from a class-room, happy that the tedious hour of imprisonment is over, is the only sign by which you could connect the building with the objects of its establishment. Should you, however, have previously conversed with any true-born Scot on this masterpiece of the northern chisel, it is ten to one but you may be inclined to revenge his nationality by an ejaculation of disappointment. The first objection which must strike even the most superficial observer, is the impropriety of its site, being as accurately hemmed in by streets, on all sides, as one pill-box, "*si magna componere parvis*," is enclosed within its pasteboard companion. While its beauty has been thus industriously secured from admiration, its convenience has certainly been increased; for while Mr. Leslie is explaining the doctrine of acoustics, the eternal rumbling of cart wheels may supply him with a ready illustration, and Dr. Duncan, junior, has only to stretch across the way from the professor's chair, to demonstrate the effects of paregoric elixir on some asthmatic occupant of a neighbouring "flat," in his prelections on pharmacy. One, indeed, cannot help wondering, that in a city abounding with so many fine localities which invite the designs of the builder to settle on their fitness, no advantage was taken in the erection of this structure of the spontaneous offerings of Nature. Besides its defective situation, its general appearance, contrasted with the other parts of the town, helps a good deal to disappoint the spectator. From a people, too, who had the enterprise to erect an entire new city, more might be expected from its acknowledged diadem. But from this popular mania for stone-cutting, no single building has as yet arisen worthy of any notice, and the stranger must smile at the futility of that endemic vanity which would claim kindred not only with the moral sublimity of Greece, but would fain emulate the architecture of Athens. Pillars and pediments

we no doubt have in abundance, rising in ridiculous grandeur over gin-shops and green-stalls; but for any thing in the way of an imitation of the antique that we possess, notwithstanding the vapouring of the "Noctes Ambrosianæ" of Mr. Wilson (Professor of Moral Philosophy!) Lord Elgin might never have rifled the treasures of the Acropolis, or Stewart exercised his pencil on the same classic ground.

The College, confessedly the most perfect structure in Edinburgh, is an oblong square, whose east and west fronts measure about 250 feet, and its sides to the north and south, about 358. The eastern, or principal front, presents nothing remarkable, further than we usually find in modern buildings inoculated with the style of the ancients. A pair of balconies, supported by two Tuscan pillars, guard the great gate, and architraves of course inclose the windows, which seem to have been designed for the evasion of a taxation on light. On the north and south sides, slight projections have been raised in the centre, to break the sameness of an extensive surface, but even with this device, the finest material, and the neatest workmanship, the whole has rather a heavy and monotonous appearance. From these objections the interior fronts are exempt, each side of the square presenting the outline of a separate building, and connected at the angles by open galleries leading to the different medical class rooms, which shall be described apart, when the gentlemen by whom they are respectively filled come under consideration. Turning, then, from the works of the architect, we are naturally led to an inquiry into the medical history of an institution which has attracted so much public attention.

This University, like all its contemporaries in Great Britain, and many on the Continent, possessed and exercised the power of conferring medical degree, at a time when not a single teacher of the science prelected within its walls. The absurdity of such a regulation could not long survive the first advances of medicine to the dignity of a science; and we accordingly find, that an attempt to establish an anatomical school in Edinburgh, in 1694, led to its extinction. About this era it was customary for young men to repair to Padua, Pisa, Rome, and Leyden, to complete their professional education; and amongst other adventurers from Scotland who visited these well-known schools, was the celebrated Dr. Pitcairne. Having distinguished himself abroad, at Leyden in particular, as the preceptor, I believe, of Boerhaave, this gentleman returned home, and was certainly the first who conceived the idea of establishing a regular school of medicine in his native country. Convinced by what he had seen on the continent, that anatomy formed the only true basis of medicine, his attention was turned towards its especial cultivation; but being a *pure* physician, he considered that a proposition of dissecting dead bodies, looked upon then with so much horror by the public, could not so well emanate from one of his cast, who were supposed not to dabble in such filthy practices. He was, consequently, induced to make use of a Mr. Monteith, who had no character to lose in that way, being a member of the College of Surgeons, to carry his design into execution. Mr. Monteith, at his suggestion, immediately petitioned the town council, the patrons of the University, and obtained permission to dissect the bodies of those persons dying unclaimed in the house of correction, and also those of foundlings who died on the breast, on condition that he was to use the scalpel in the winter season only, to bury the bodies at his own expense, and attend the poor of the city gratuitously. Stimulated by Mr. Monteith's success, or, perhaps, jealous of the very liberal concessions made to him, his brother corporators of the College of Surgeons lost no time in claiming such subjects as were not included in his gift, viz. the bodies of foundlings off the breast, of children strangled in the birth, of suicides, and of persons found dead in the streets. Under the same restrictions imposed on Mr. Monteith, with the additional one of building an anatomical theatre, (when, a "subject offering," the pathologists of Edinburgh were to be gratified by a public dissection,) the request of the petitioners was granted. Numbers and interest prevailing against individual strength, Mr. Monteith resigned the field to his competitors for some trifling compensation, and Mr. Elliot was appointed first professor of anatomy to the University, just as the victories of the Duke of Marlborough opened a field for the employment of the pupils of the new school. No sooner, however, was it promulgated that a teacher of anatomy was chosen, than the inhabitants of the "Good Town" took alarm for the safe repose of their deceased friends, a sort of "old mortality" fever which still burns in the veins of their descendants with undiminished force, and which is likely to lead, one day or other, to the invention of "patent coffins" and "safety tombs." The popular outcry was immediately followed by an indignant protest from the College against having any intention of violating the grave, and enjoining such unruly "lads as loved the moon," not to venture out on sepulcral excursions at night, under a penalty of having their inductions withdrawn, and of forfeiting the freedom of the corporation. Mr. Elliot, of whom little more is known than that he was born on one day and died another,

being gathered unto his fathers, a Mr. Macgil and Adam Drummond succeeded conjointly to the vacant chair. To these gentlemen the first Monro was materially indebted for an introduction into public life, and the situation which he so long illustrated, having abdicated their office in his favour. The biography of this celebrated character, with whom the notoriety of the Edinburgh school more properly commences, must be so well known to every professional reader, that any remarks on the subject here seem superfluous. With his fame, the number of pupils annually increased; but there was still an appendage wanted to the new establishment, where the doctrine of the lecture-room might be reduced to practice. This defect, Mr. Monro, from his influence with the Town Council, and intimacy with George Drummond, whose genius and benevolence swayed the affections of his fellow-citizens for so many years, was enabled to remedy; and under the auspices of these latter personages, the Royal Infirmary was commenced 1738, with little more for its completion than the contributions which the example of its founders elicited from the frozen heart of charity. Such, indeed, was the zeal inspired in the public mind by their precedent, that those who could not afford to give pecuniary aid brought materials, mechanics cheerfully worked gratuitously, so that the structure may be said to have arisen at the sound of their voice, as other buildings of old are said to have sprung into existence at the magic vibrations of the lyre. All this time there was but one professor; and diplomas were conferred, in the old manner, on the production of certificate of competency by the candidate from the College of Physicians, whom the University employed as journeymen examiners on these occasions. It therefore became necessary, in order to complete the school of medicine, to create four other professorships, which were filled by Rutherford, Plummer, St. Clair, and Innes, who were shortly after appointed by the patrons of the College as the faculty of medicine, and invested with full powers to teach the several branches of the science, and to grant degrees.

We have thus arrived at as clear a knowledge of the origin of this institution as the complexity of the subject, and the limits of so short a notice, would admit of; but a few words remain to be said of the policy by which it had been directed. The engine, constructed in the manner we have just seen, had many peculiarities in its formation and government to account for its success and imperfections.

At the era of its establishment, the science which it professed to teach was in as low a condition in these countries, as the ideas of men were unenlightened on the subject of medical education. Under such circumstances any alteration might well have passed for an improvement. In the field of tuition it had no rival to dispute the prize of superiority, and victory consequently became an easy attainment. The Colleges of Oxford, Cambridge, and Dublin were already borne down by the corpulency of wealth, while its metropolitan locality gave it a facile ascendancy over its provincial sisters in Scotland. The stimulants of poverty, that "mother of excellence," as it has been called by the Roman Satirist, exercised in its case a salutary influence. There was no sinecure to secure its professor against a neglect of duty—no thousands of fertile acres to support him in learned indolence. His necessities daily reduced the farce of "No Song no Supper" into the drama of real life. The state of things at home compelling pupils to go abroad, it would require but moderate abilities in teachers, and partial opportunities of learning, to stop this tide of studious emigration. Of this the founders of the school seemed perfectly aware, and took care to transfer into the new concern some of the methods of teaching practised in the foreign seminaries, such as the system of clinical instruction, for overlong the boast of the Royal Infirmary. A succession of men eminent in their respective pursuits, but whose equals might be found in every country if the principles acted on by the patrons of this school in the selection of professors were only attended to, conferred a lustre on the establishment in its infancy. Left in some measure without a choice, reduced by fame, and pretty certain of a diploma, students naturally crowded to its halls, and dispersing again into the walks of life, communicated a fresh impulse to the growth of its "laurels." Every succeeding graduation day gave it so many new partisans as it bestowed diplomas, the young doctor having a personal interest involved in its praise, while the old "Sangrado," shaking powder and parables from his wig, gave the irresistible sanction of his experience to the eulogium of his juvenile friend. To inflate the bubble of its reputation, the press was called into action.—Theses, essays, pamphlets, every thing in the shape of a book, from a single sheet to a five hundred-page quarto, proclaimed Edinburgh the seat of the medical sciences. If original works could not be composed, foreign ones of merit immortalized translators, while others crawled into notice in an "improved edition," or made their way into notoriety in a heap of "commentaries," as useless as the obscure lumber which they were intended to illuminate. Success only generated a further spirit of enterprise; and to increase the number of

pupils rather than to provide them with the materials of solid instruction, would seem to have been the object contemplated in every regulation formed by the conductors of the school. Through the interference of fathers and friends with the Senate and Patrons, catchpenny professorships successively arose out of the mangled body of the science in ghastly pomp, and their certificates made a part of the gaudy *curriculum* of education. Vapid prelections on the theory were substituted for the actual practice of physic, and demonstrations on an occasional putrid subject supplied the place of manual anatomy. But behind this gorgeous trellis of books, lectures, professors, and other didactic paraphernalia, there was nothing substantive, practical, or valuable; the whole was a mere pageant passing before the eyes of men, but so artfully conducted that it was mistaken for a reality—for at no period did Edinburgh ever present employment for more than sixty or eighty pupils. Where was such employment to be found—that employment which, exercising the body and the mind, improves the faculties of both, not that visionary application to hear-say knowledge which scarcely leaves an impression behind? Not, surely, in the crowded wards of one hospital, or in dissecting rooms whose atmosphere was seldom vitiated by the odour of anatomy. To accommodate the superficial qualifications of the victims of this system of delusion, the difficulty of examination was reduced to a minimum, and to give the process a semblance of learning and severity, it was conducted in a dead language, in which not one in five hundred, though he were well informed, could give any indication of his knowledge. Anglo-Latin theses elaborated out of Ainsworth, or purchased ready-made for a guinea, were put forward with the same obliquity of purpose, as tests of a graduate's classical and professional attainments. The scheme was so judiciously arranged, and the "summi honores" so liberally divided in the wheel, that to purchase a ticket was to ensure a prize. In short, the mercenary principles of political economy were as rigidly acted on in the management of the school, as in the working of a steam factory, and to produce the greatest quantity, without any reference to the quality, in the shortest space of time, and with the least expenditure of labour, became the main spring of action. The forcing system thus established, necessarily produced in the medical the same effects as in the mercantile world, a supply exceeding the demand, until every village in the empire could exhibit a brace of Edinburgh M. D.'s reposing under one blanket, or doling out death and physic to the community from behind one counter.

SCOTUS.

THE LANCET.

London, Saturday, December 9, 1826.

Observations on the Utility and Administration of Purgative Medicines in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, and of the Royal Society of Edinburgh, &c. &c. Eighth Edition, revised and improved by the Author, with a chapter on Cold Bathing, considered in its purgative effect. 8vo. pp. 331. Bell and Bradfute, and W. and D. Laing, Edinburgh; and Longman and Co., London. 1826.

UPWARDS of twenty years have elapsed since this work was first presented to the profession, and the number of editions it has passed through is sufficient proof that it has been held in great estimation, and of the extended circulation it has received; so that any analysis of its contents would, at this period, be of little avail or purpose. Yet we have observed that the practice of this veteran author has, sometimes, been carried to a dangerous length by persons who have imperfectly digested his book, or failed to consult preceding authorities; and we therefore recommend it to the diligent perusal of such of our readers, and they must be very few, who have not profited by its contents. The student will find that purgatives are commended in typhus, in scarlatina, hæmatemesis, hysteria, chorea, and tetanus, in all of which their utility is supported by numerous cases. In going round the hospitals he will observe, how very ardently and extensively the practice is followed by the physicians of this metropolis; but he will also discover, that fuller and more frequent purgations than Dr. Hamilton advocates are much in vogue, particularly in the worst stages of typhus and other asthenic fevers; hence the "follicular ulcerations," and other morbid changes which are too often found on dis-

section. Practitioners do not appear to consider the many ways in which drastic purges, which are far too much in fashion, and too frequently employed, may prove injurious. They do not consider how much the circulation is quickened by mercurial and other purgatives, nor that the increased momentum must be lost somewhere, and that most probably upon the part which is the least able to bear it. The increased action of the mesenteric and branches of the coeliac arteries thus induced, is often sufficient to account for all the disastrous circumstances which usher in the fatal termination of typhus, and the appearances which the belly exhibits afterwards. The circulation is hurried; and the vessels of a part rendered proclive to disease by the worry and disturbance of frequent purges, becoming over distended, must needs be unloaded; and hence the foul matter and slime, and God knows what besides, except fæces, which are supposed to block up the intestines in fever, but which in reality are often produced, to say nothing of organic mischief, by the purgative system, too often inculcated and too rigidly employed, instead of the ecoproties or hypocatharses and clysters, which formerly answered every useful purpose of evacuating the contents of the intestines, without imposing on their coats, their glands, and their blood vessels; actions which are seldom compatible with their well being, or with the recovery of the patient. Dr. Freind, no mean authority, by the by, in his 7th Commentary on the Epidemics of Hippocrates, informs us, that the doctrine of purging in fevers is so abstruse, that he declines laying down any general rules on the subject; and Sydenham, in his *Schedula Monitoria*, says he did not dare to give a purge in the fever of 1673, but "persisted in the use of glysters, knowing that purging medicines used at that time presently caused a coma;" nor is it at all improbable, since the increased momentum may fall upon the brain as well as any other part. In his intercurrent fevers, the same illustrious physician found clysters and the simplest laxatives answer every purpose. Except at the commencement of a fever, what can possibly be gained by the scruple doses of calomel, the half drachms of jalap, or colocynth pills, with one cup after another of haustus sennæ, more than by moderate doses of castor oil, or other lenitives, which are sufficient to keep the body soluble? Must the liver be stimulated with calomel to secrete ten times its natural quantity of bile, or the intestines with purgatives, to throw out their volumes of "horrible stuff," for the cure of a fever? Or is it not empiricism of the worst and most dangerous character?

So overwhelming has the influence of purgatives become, that they bid fair to establish to themselves a monarchy paramount alike over the diseases of the infant, the adult, and the aged;—over increased excitement, when life is exuberant, and diminished excitement, when its "taper faintly glows;" in short, over all the grades which the human frame is susceptible of, between the cradle and the grave! But Dr. Hamilton is not the advocate for purging which some have supposed, even in the disorders (chorea, chlorosis) most likely to be benefited by it. He speaks of "purgatives," but in a great proportion of his cases he merely employed laxatives and clysters—and very few evidence much active purging. Chorea has undoubtedly been cured, though we cannot say *often*, by purgatives alone; hæmatemesis less frequently, and tetanus, as we believe, still more rarely. We desire, therefore, to give this class of medicines all the credit they deserve, without making them specifics, which they certainly are not, in a great variety of diseases. How is it possible, the bowels being once cleared out and kept clear, that purgatives can cure many cases of chorea, for example, except by the stimulus which they communicate to the system at large, rather than the belly in

particular? And if this be their *modus medendi*, is not the practice of giving repeated purges a very round-a-bout one, if successful; empirical always, and not unfrequently hazardous and injurious? We have reason to believe that it is; and we are quite sure that we are not unfriendly to "purgative medicines" judiciously employed, nor to the able author whose work has contributed so much to extend their "utility," and we may add, though the fault is not his, their abuse.

Myology, Illustrated by Plates. In four Parts. By EDWARD WILLIAM TUSON, Member of the Royal College of Surgeons, and Lecturer on Anatomy and Physiology. Fol. Parts I., II., III. Callow and Wilson, 1826.

IN these plates the muscles, being separately lithographed, are cut out and arranged *stratum super stratum* in their proper situations on the bones, so as clearly to demonstrate their origins, insertions, positions, shapes, &c.; thus forming, next to actual dissection, the most ready and natural method of learning the structure of the human frame.

The first part contains the muscles of the anterior and posterior parts of the thigh, leg, and foot—the second, those of the arm and hand—the third, of the abdomen and back; and the fourth, (not yet published,) will be devoted to those of the face and eye, neck and perineum. Although not altogether original in design, something of the sort having been done a century or two ago, the execution of Mr. Tuson's work is highly creditable to his industry and his talents; and now that subjects for dissection can scarcely be procured at any rate, we think he could not have devoted his time to better purpose, or to one more likely to ensure him the thanks and patronage of persons learning anatomy, to whom the work is invaluable.

IN this day's LANCET will be found a letter signed MEDICUS, on the constitution of the London College of Physicians. The writer, who is a Fellow of the College, and a gentleman of considerable literary attainments and experience, proposes that a public meeting should be held, with a view to call the attention of the Legislature to the restrictions and exclusions imposed on the LICENTIATES. When it is considered that the CHARTER of the College was framed by LINACRE upwards of THREE HUNDRED AND TWENTY YEARS since, it cannot be wondered that its provisions should be unsuited to the taste of the great body of the medical profession at this advanced period, or that its *spirit* should be incompatible with the liberal notions of the present day. It is our anxious desire that the government of this Institution should undergo the strictest investigation; hence, the pages of this Journal shall be open to all writers of ability and good taste on each side of the question.

It is only an act of justice to state, that those gentlemen who now, and those who have for many years past, presided over the COLLEGE, have taken no part in framing the obnoxious by-laws of which the LICENTIATES so justly complain.

WITH a view to remove the prejudice which exists against practising human dissections, we last week proposed that those barbarous laws should be repealed which consign criminals to dissection, and that POPULAR DEMONSTRATIONS should be given in the theatres of our literary institutions. With regard to the first proposition, we have been given to understand, from undoubted authority, that it will be accomplished by Mr. PEEL during the present session of Parliament; and with reference to the second, we are happy to find that it is highly approved of by some of the most enlightened of our Lecturers: it is a prac-

tice which we have every reason to believe will be speedily and generally adopted, and from which, we are fully persuaded, the happiest effects must result. It is useless to reason on a circumstance which is purely a matter of *feeling*. Show the people the utility of dissections—show them the benefits which are conferred upon their fellow creatures by such researches—show them how much a knowledge of the structure of the human body is calculated to lessen the miseries of the human race—and they will no longer stigmatise human dissections as horrible and inhuman practices, but rather consider them the laudable means by which the greatest public good can be accomplished.

When Mr. Saunders commenced the trade of oculist, he at the same time practised as an aurist; Sir Astley Cooper induced him to do this. From the reputation which the Baronet had gained by his operation of puncturing the tympanum, the deaf crowded to him for relief. But whilst this flash of professional reputation gratified him, he soon began to find that the public were beginning to appreciate his talents as an aurist alone. He therefore, in order to get quit of the deaf, proposed to Saunders that he should become an aurist. Saunders, with the true spirit of the times, instantly compiled a work on the anatomy and diseases of the ear, as an advertisement of his capability. Neither the book nor the deaf answered his purposes; the book brought him few patients, and the deaf were found bad articles of trade.

On the death of the immortal Saunders, it became a matter of intense interest who should succeed him. During this momentous pause, a considerable time elapsed. At last the great Benjamin was installed into the honourable office, being sworn to inviolable secrecy, until Saunders's works, which were to contain the whole of the mystic art, should be published by the charitable and pious Dr. Farre. Some waggish patient, in whose eyes Benjamin had pioneered, and who was able to *see* a little, when leaving the house in a very sulky mood, said, that "*he feared he never should* SEE him again."

This anecdote brings to mind another, which we once heard told with some point, amongst rather a large assemblage of persons, and which may now be repeated with effect, as it tends to show another of the secret operators in his true light:—A celebrated titled oculist was formerly in the habit of making country excursions, in order to practise his calling; one trip had been particularly successful, and he always remembered it with that sort of complacent feeling, with which a skilful angler looks back to the time and place in which he had once made a good haul. After an interval of a year or two, it occurred to him that it would be no bad plan to try back amongst some of his former patients in the city of ——, to learn whether any thing could be done there in the way of business; but as some misgivings of the success of his former operations naturally enough occurred to him, he thought it would be prudent to feel his way a little, and so ascertain how he was likely to be received. With this view he wrote to a physician in the neighbourhood, and after several *kind* inquiries concerning some of his former patients, he concluded with asking whether they wanted his professional aid, and whether they and their friends would patronise him if he again visited them. To this smooth feeler of Sir Oculist, the Doctor rather dryly replied: "Dear Sir, I have received yours, and in reply beg to assure you, from actual *inspection*, that of your numerous patients here, there are many who would be most happy to have the pleasure of *seeing you again*."

There was another itinerant oculist and secret operator named Williams, who some

years ago rumbled about vending his nostrums; he was not satisfied with excluding all persons from his operations, but actually extorted a promise of secrecy from his patients, bidding them never to allow any chemist to analyse the eye-washes which he gave them: doubtless he justified these measures, as did Saunders, on the plea that his "modes of operating were peculiar to himself, and of great importance to him as a young man." Be it so, the Saints cannot refuse to poor itinerant Williams the benefit of a defence which was set up by their friend and protegé Saunders. Where it was that Williams learned his operations, or got the receipt for his lotions, is now a matter of little consequence. It is useless to inquire whether it was amongst the favoured few that were admitted to the mysteries of the new masonry, there to learn the "tour de Maitre;" these things are of no importance; but it is of the utmost importance to watch and observe the influence of bad example. When secret operations were practised in the first institution in the country, what else could have been expected, than that every itinerant quack that prowled upon the credulity and ignorance of the community, should follow the example set before him, and justify the artifices by which he imposed on the public, by citing the precedent established by persons who take credit to themselves for being influenced solely by benevolent and public-spirited motives.

One of the supporters of the secret operations, as we have more than once stated, was Mr. Battley. It would appear from a note in Paris's Pharmacologia, that the organ of secrecy, (we shall not say "secretiveness") is somewhat developed in that chemist's cranium; for the Doctor rates him pretty roundly for keeping secret the method of making his "liquor sedativus." If we recollect rightly, he considers it rather disreputable in any professional man, in fact, in any man, to make a secret of any process which may occasionally involve the welfare of the community. Here, then, is a pretty list of secret operators. It is a pity that the bubble did not burst in Moorfields, when the rest of the *Things* in the city were blowing up. What a charming figure they would have cut on 'Change amongst the other "Joint Stock Companies."

Dr. Spurzheim has recently arrived in this country, and is at present delivering lectures on Phrenology in Cambridge. We understand that the doctor will give a similar course in Bath and Bristol, and afterwards in London, where he intends to take up his residence and practise as a physician.

To the Editor of The Lancet.

Sir,—It having been suggested, in the last Number of your valuable publication, that popular Lectures on Anatomy, given at some of our public institutions, would be serviceable in diminishing the existing prejudices against dissections; I beg to inform you that this has, for some time, been in contemplation at the Mechanics' Institution.

Two or three months ago I called on Dr. Birkbeck, and proposed to him to give about six lectures on anatomy, which should embrace (although necessarily in a very superficial manner) the mechanism of the skeleton, the actions of muscles, the circulation, the process of digestion, with observations on the nervous system, vitality, &c. That Gentleman, however, always anxious to diffuse scientific knowledge to all classes, had anticipated me; he informed me that he had received several letters from different members of the Mechanics' Institute, requesting him to give such a course, and that he had pledged himself to some of them to do so; but that in future, when they would require repetition, I should deliver them.

The drawings and preparations are now being made to illustrate the different subjects, and Dr. Birkbeck intends commencing his course after the Christmas holidays.

I am, Sir, your obedient servant,
and constant reader,
J. N. Bainbridge.

88, St. Martin's Lane,
Dec. 4, 1826.

LONDON MEDICAL SOCIETY.

Experiments on the Venous Circulation, and Absorption.

Mr. Ellerby related to the Society, some experiments he had performed, with the view of ascertaining the correctness of Dr. Barry's opinion, as to the cause of venous circulation and absorption, and how far these phenomena depended upon a tendency to a vacuum in the chest acting on the cardiac extremities of the venous trunks, as maintained by Dr. Barry.

He laid bare the jugular vein of an ass—introduced an elastic tube—to which was attached a stop-cock, and spiral glass tube: and whilst the elastic tube was thus placed in the vein, the outer end of this glass tube was immersed in a coloured solution, and the top-cock opened—the fluid was observed to rise and fall in the tube during respiration, as described by Dr. Barry. But this effect took place only when the elastic tube was introduced for eight or nine inches into the vein, for when the tube was introduced for one or two inches, no rising or falling of the coloured fluid was perceptible.

A large trocar was then plunged into each side of the chest, and into the pericardium, and a canula left in each opening. At this time, the elastic tube was in the vein for seven or eight inches; although the openings made by the trocars almost put a stop to respiration, yet the venous circulation was not apparently affected; and when the veins were emptied by the finger, they filled as quick as if no opening had been made into the thorax. In some other experiments made on the distant veins, as the femoral and brachial. Mr. Ellerby likewise observed, that not the slightest rising or falling of the coloured fluid in the spiral tube was apparent. Thus it would appear, from these experiments, that the venous circulation was not so dependant on respiration, or the tendency to vacuum in the chest, as insisted upon by Dr. Barry. The next experiment was as follows:—Three grains of strychnine obtained from Mr. Battley's laboratory, the power of which had been previously ascertained, were introduced into the subcutaneous cellular tissue, on the outside of the left thigh of a large dog. Immediately afterwards pressure was made around the wound, by means of a ring or ferrule, fixed to the end of a piece of wood, but of course no vacuum was made over it. This pressure was kept up for one hour; at the end of which time it was removed, and a piece of adhesive plaster applied, without disturbing the poison. At the end of *nine* hours no effect whatever was produced on this animal; at the end of *eleven* hours he appeared a little drooping; during the night he died; and, from the posture in which he was found, it was supposed he died sleeping.

In this experiment, it appears that the absorption of the strychnine was prevented by the simple application of pressure; for this poison usually produces its effects on animals, within half an hour at farthest. In the experiments of Dr. Barry, therefore, we are to conclude, that the application of the piston cupping glass over poisoned wounds operated in preventing absorption, *merely by the pressure* produced; for in the experiment just related, pressure merely was attended with the same effect as the piston cupping-glass; indeed it appeared more beneficial, for after the pressure was removed, no absorption took place for at least eleven hours; whereas, in Dr. Barry's experiments, the poison usually began to operate within two hours after the removal of the glass.

Upon examining the thigh of the dog, it appeared that the effect of the pressure had been to completely condense the cellular membrane, and produce a ring of adhesion in the parts situated immediately beneath the ferrule, so preventing the absorption of the poison.

The next experiment consisted in introducing a grain of strychnine into the thigh of a very fine large rabbit. Pressure was made around the wound, as in the preceding experiment, and kept up for half an hour. Eight hours after its removal, the poison did not appear to have produced any ill effects on the animal. In order to see, therefore, whether a sufficient quantity of this substance had been introduced, half a grain only was introduced into the opposite thigh, and no pressure applied. The animal died within half an hour.

A discussion here ensued upon Dr. Barry's hypothesis of venous circulation. Dr. Burn and Mr. Wray supported it.

Mr. Wigon stated, he came with the view of advocating it, but he thought that if the discussion were resumed at the next meeting of the society, and in the interim a communication made to Dr. Barry, this gentleman would attend himself and defend his own opinion.

Dr. Burn stated, he understood that Dr. Barry had felt hurt at a similar communication being made from the Hunterian Society.

Mr. Wigon, however, stated that he thought Dr. Barry was pleased rather than hurt at the invitation.

The President, Dr. Clutterbuck, therefore, requested Mr. Wigon to invite Dr. Barry to the next meeting of the society, (Monday, Dec. 11,) when the discussion on this interesting subject will be renewed.

THE VETERINARY COLLEGE.

The veterinary art formed a separate profession during the decline of the Roman Empire; and the armies of the Byzantine Emperors, in particular, were attended by men whose works have reached us; they appear to have been very assiduous, and "by no means unworthy of the trust reposed in them."

In common with other sciences, it was lost in oblivion during the feudal ages,—a period of many hundred years; and has arisen, after a long night of darkness, loaded with embarrassments, which, happily for them, were unknown to its early professors, and which we shall presently detail. It ceased, indeed, to be a science, and remained quite stationary until the last century; even then, the only works we have upon the subject are so ignorantly written and devoid of interest, as scarcely to deserve mention; and it is only of late years that any improvement has been effected beyond the knowledge of the ancients.

Cruel operations were the favourite resort of the early farriers; these have softened down into complex farragoes and incongruous recipes; nothing was to be seen but practice without principles, and directions without reasoning. Such was the state of affairs before the institution of veterinary schools in Europe, which have given a new character to the art, and tended much to its improvement.

In our own country, the venal gentlemen of Paternoster Row, whose arbitrary decrees so often direct the studies of the nation, have been careful to furnish, by means of their ready scribes, a sufficient quantity of cheap octavos merely selling books, to satisfy the public craving for a concise and comprehensive volume, which should teach them the whole art of farriery; but as these general treatises were written without any view to science, but have much retarded its progress, it is unnecessary to particularise even their names.

The Anatomy of the Horse by Stubbs, is a work of real labour and merit, but with the disadvantage of a bad nomenclature, in common with most of the systems of veterinary anatomy in use at this day.

James Clark, of Edinburgh, and Mr. Moorcroft, were sensible writers on the subject of the foot and shoeing; but their remarks, though the best practical observations at the time, are rendered almost useless by the subsequent most important and inimitable discoveries of Mr. Bracy Clark, to whose writings, indeed, we must chiefly confine ourselves in comparing the practice and doctrines of our Royal School.

It is well known, that more than half of those cases requiring the aid of a veterinary surgeon are situated in the feet, and connected with shoeing; all must admit that the treatment of those cases is still very unsatisfactory, whether it regards the prevention of disease or the cure of it; and that our readers may be prepared to judge on this important subject, we must endeavour to give a short epitome of the history of shoeing, and its consequences.

The iron-nailed horseshoe was unknown to the ancients; its use began at an uncertain period, during the dark ages when the northern barbarians, who excelled as workers in iron, had overrun the continent of Europe.

Probably, at first, the shoe was only used for long journeys, or as an occasional accessary, as it is in many countries at this day; which rendered its injurious effects less easily perceived, and accounts, at length, for its general adoption.

The farrier's art was introduced into England by the Conqueror; and being a laborious business, it has continued in the hands of ignorant men, and without much attempt at change, (although all the old English writers on farriery complain of the ill effects of shoeing,) until within the last half century, when much discussion has been directed to this degraded though useful art; and since the establishment of veterinary surgeons, the public have been pestered with "*principles of shoeing*," till they are tired of the subject and its proposers; not a variation remains to be made in the make or shape of the common shoe, for which a patent could legally be taken. Yet, although these changes have all ended in a recurrence to the old plan, as possessing the most good qualities with the fewest disadvantages, the original objections to it are by no means removed. It is still an universal complaint with horsemen, that the feet of our horses are completely ruined, and the animals rendered unserviceable, before half the period of their natural lives is expended, or their bodily powers are much impaired; and so general is the evil, that by many it is overlooked, and considered as unavoidable, or somehow a consequence of age. All that have worn shoes are suffering from contraction, in a greater or less degree; but its effects are more manifest with blood-horses, from the beauty and delicate organisation of their feet, than with those of coarser breed, which has obtained for them the character of being short lived

and unstable, which, in their native plains, with feet unshackled by the officious care of man, they are by no means found to deserve.

Contraction has constantly been ascribed to some particular shape of the shoe; but the *innumerable* alterations, in this respect, have all failed for want of understanding the principle on which they should be made; and were another argument wanting to show that these slight differences can never constitute a change of principle, or be of effectual service, we would only observe, that in no two countries of Europe is the iron shoe made alike, yet in all, its effects are nearly the same, allowing for the variations in the breeds of horses, and other modifying circumstances. It appears, then, that there is a specific mischievous tendency in the principle itself of the common shoe, independent of make, shape, or circumstance, which invariably induces contraction; and this opinion is confirmed by the fact, that in countries (as Arabia or western America) where its use is unnecessary or unknown, the inhabitants are strangers to these distressing evils, and the horses feet so invariably sound, that a purchaser never thinks it needful to examine them. Vegetius, a Latin veterinarian author of the fourth century, before the invention of this destructive mode of defence, described with great minuteness and accuracy, every disorder to which the horse was then subject; but neither he, nor any other ancient writer, has once hinted at such a complaint as contraction, or any of the diseases which follow in its train which swell the catalogue, and often baffle the skill of the modern veterinarian. The hardness of British roads has been said by some to occasion the evil; but this futile argument, which would imply a defect of nature, is removed, when we learn that the Romans rode their unshod horses without fear or danger on paved causeways, exactly similar to the flagged foot-paths of our streets, the remains of which are still to be seen in many parts of this kingdom. The unaccountable consequences which result from shoeing, (in itself a very simple operation,) have led to a general belief that there is some hidden mystery or difficulty in the art, an apprehension which has been encouraged by the conceited knowingness of the working smiths, who talk of good and bad shoeing, as if there were some indefinable secret in the business, though, in reality, they never could comprehend or account for the effects of their own measures, and merely assume this mysterious air to impose upon the public, finding that their utmost care and skill is insufficient to prevent or cure the fatal mischief of contraction, and that although a slight change of system may perhaps afford some relief for a time, yet it cannot guarantee success.

The various abuses which these men practise have often called down deserved censure, and been brought into account for this malady; they undoubtedly accelerate the destruction of the foot; but the shoe alone, when all these causes have been remitted, is proved to be almost equally injurious.

Men of science and talent have been deterred from making this art their study, by the appalling view of its difficulties; the prospect was, indeed, uninviting, when the belief was general that there was a mystery in the shoeing business which none could unravel, and that the glaring errors and abuses in the treatment of horses, which have often attracted the notice of the humane, admitted, in practice, of little palliation.

Custom has made the public so familiar with these effects, that we see without thinking of them, and a horse in this country is considered incomplete without shoes; but abstractedly considered, it is a most unnatural measure to fix an extraneous body firmly and for life, to the foot of a living animal; it is an act which has no counterpart, and it is not surprising that its consequences are complicated and ruinous.

In almost every branch of the veterinary art, and in several departments of natural history, Mr. Bracey Clark has enriched our stock of knowledge. And we shall, for a time, leave the College, in order to review this gentleman's labours, but shall recur to it again to see in what manner its Professor has received them.

To some, it may seem a little irregular to notice the works of private individuals, before those of Professor Coleman; but until truth is made manifest, we have no means of judging of error.

CANCER.

Extraordinary prevalence of Cancer in certain districts of Sussex, near to Tunbridge Wells.

Dr. Forster of Hartfield, Tunbridge Wells, has of late observed, and has communicated to us, the very extraordinary prevalence of cancerous diseases in certain districts of Sussex, not far distant from the above place. In the small parish of Hartfield, he has seen six or seven decided cases during the course of his practice in that neighbourhood, now

only of about six years standing, and observed, that if he were to include such only of the neighbouring villages and hamlets whose conjoint population should amount to 2500 persons, he could enumerate fifteen cases of distinct cancer that have fallen under his notice within the above mentioned period. This is a very large proportion, but the list would be greatly swelled if Dr. Forster were to include cancers of the lips, and also certain malignant tumours closely resembling cancer. The cases have in general been cancers of the breast, frequently extending to the axilla, and sometimes appearing both in the mammary gland, and in the axilla, at once. Five operations have been performed, and all of them *successfully*, by the surgeon of the village of Hartfield. The diseases have, in every respect, resembled cancers in general; and on consultation it has always been found expedient to remove them. They have been removed in various stages of the disease, with manifest success. Dr. Forster has not only paid attention to the nature of the diseases, so as to identify them as cancers, but has promoted and followed up an inquiry into the particular constitution, diet, and habit of the patients, without being able to discover anything particular that could lead to the cause of an unhealthy diathesis. Moreover, there are certain neighbouring districts wherein this disease is very rare, particularly those places laying nearer to Rottingdean and Brighton, and on the sea coast in general. They are most common on the clay soils covered with marl, as Hartfield, Urthyam, Cowden; and are more rare at Uckfield, Houthly, and hence to the Downs. In order to compare cancer with other diseases, the Doctor has ascertained cases of stone to be remarkably rare here, while in Norfolk they are excessively numerous. Inflammations and tumour of the glandular system in general, deafness from obliteration of the Eustachian tube, and apoplexy, are rather to be considered of frequent occurrence in the district alluded to. And it is a remarkable fact that the *cancer scroti* of chimney sweepers, as well as destructroi sclerocele of the testes, have occurred more frequently than we should feel warranted from hospital experience to expect in an equal number of persons in the neighbourhood of London. This subject is sufficiently important and interesting to justify our endeavour to call it into more general notice, and to excite the collateral observations of practitioners in other counties.

COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—I consider your widely circulated Journal, as one of the most useful periodical publications of the day; and I observe, with pleasure, that it is working, though slowly and gradually, a beneficial change in the character of the medical profession, in all its branches. To expose a nefarious traffic in human misfortunes, to root out "hole and corner" practices, to divest the high character of physician from the odious trammels of bigotry, and to exonerate medical institutions from the incumbrance of superannuated and oppressive laws and regulations, has been the fortunate, and, to a certain extent, the successful province of THE LANCET. Among those distinguished medical practitioners whose open character and scientific views have justly rendered them the subjects rather of the encomium than of the censure of your Journal, I recognise my most intimate friends, and many of the companions of my earliest medical studies. And I have noticed, in your pages, the total absence of that many headed hydra of human calamity and degradation—superstition; which, even in these improving times, disgraces the pages of other medical journals, by intermixing a base and senseless fanatical jargon with the most ordinary hospital reports. Impressed with the useful character which THE LANCET has assumed, from the combined influence of these several constituent parts of its character, I have selected it as the best vehicle for calling the attention of the medical public to the enormity of many existing abuses.

The constitution of the Royal College of Physicians stands foremost among the abuses of the medical profession. Founded at a period when superstition still held the mace of power over mankind, and when professional character was another name for professional humbug; supported by members who, however great their abilities as disciples of Galen and Hippocrates, dared not to think for themselves on any subjects, nor to act on their own responsibility alone; the College of Physicians has come down to our days, a perfectly gothic absurdity.

Unfortunately, however, it is an absurdity that exercises a certain control over physicians, and has it in its power to repress the rising genius of the age, by preventing, by its excluding laws, a large class of useful medical men from arriving at the highest *pretended* honours and emoluments of the profession; and thus it stands up a wretched and pitiful obstacle to improvement, in the vast area of universal emulation. To become a regular practitioner in the capital of a country which can boast such a number of

enlightened men as England, who would believe that it was necessary to *subscribe to the thirty-nine articles of the church*? invented and established as they were by the Roman Catholic Annals of the early part of the dark ages, and cut and mutilated, and adapted to a local kirk in England. And when it is recollected how very few of the medical profession know, care, or believe anything about these articles, how dishonest a proceeding must it be to subscribe to a solemn belief in them on oath, as a necessary step to the practice of the healing art. But this is not all; a physician must take the sacrament according to the form prescribed by the 8th of Queen Elizabeth, and pay fees and expenses at one of the universities, and, afterwards, at the London College, to the amount of about 700*l*. Besides all this, Scotsmen and foreigners are totally excluded, and other rules and regulations in force of so injurious a character, and so obstructive to the march of medical science, that the whole sum of the abuses taken together make up an evil so alarming and effective to the total destruction of all medical improvement, that no apology need be offered for my attempts to bring it before the more general notice of the profession, which I hope still further to do in a series of letters, to be inserted, with your permission, in THE LANCET from time to time; and, indeed, I may say, till such time as measures shall be taken to set the profession free from its shackles, and place it on that fair and honourable footing that the College of Surgeons *must* stand on, by your efforts, conjointly with those of by much the most intellectual and skilful portion of that branch of our profession. I assure you that these opinions have not proceeded from any disqualifications. I am neither a Scotch or a foreign healer of the sick, but a regular graduate of an orthodox English university; and one who feels that individual exertion towards ridding the members of his calling from the paralysing effects of such institutions as the one described, is a paramount duty which he owes to himself, to the profession, and to society at large. Of the injurious nature of exclusive privileges in general, much may and will be said; and I trust that the advice I am about to give will be followed, when I recommend that a large meeting of physicians, surgeons, and apothecaries, generally, may be convened, or if thought more proper, of physicians only, either to establish a new and more liberal College of Physicians and Examiners, or to ameliorate and rescind the offensive regulations of the old one, by a petition to the government for some legislative interference in behalf of the profession at large, now so shamefully excluded. I am Sir, yours truly,

MEDICUS.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF HÆMATOCELE, OCCURRING SPONTANEOUSLY.

THE following case affords an example of extensive effusion of blood taking place within the cavity of the tunica vaginalis testis, in the absence of those causes usually productive of hæmatocele, such as a blow on the part, or wound of a vessel in performing the operation of tapping. It will be observed, on perusing the case, that the testicle had been, for some time previous to the extravasation of blood, in a state of enlargement, and probably, from this cause, the vessels ramifying within the vaginal tunic were in a varicose state; one of these vessels suddenly giving way, filled the cavity with blood, and constituted the disease in question.

Robert Johnson, ætat. 49, a stout healthy-looking man, was admitted into the Hospital on Wednesday, November 8th, under the care of Mr. Morgan, on account of a swelling on the right side of the scrotum. He stated that the right testicle was enlarged upwards of four years; that it gradually increased in size, and was unattended with pain. On the first of November, as he was walking about, not using any other exertion, he felt a sensation of something giving way in the right side of the scrotum, and he experienced an easiness, or relief, as if that which was before tight had suddenly relaxed, and, in lieu of a hard substance in the scrotum, there was a soft mass now to be felt. The swelling soon attained great size, and the integuments of the scrotum became exceedingly dark-coloured—ecchymosed, according to the patient's description; this symptom occasioned much alarm, and the advise of a neighbouring surgeon was in consequence obtained. The only measures pursued were the observance of the recumbent position, and the application of a cold lotion, until the time of admission into the Hospital, which it will be seen was seven days after the appearance of the symptoms.

On examination there was found to be a swelling of about the size of a double fist, occupying the right side of the scrotum. The tumour was soft, yielding to moderate pressure, but elastic; the testicle could not be accurately distinguished in the mass, and the integuments were free from discoloration; the swelling extended some way up the chord; the opposite testicle was healthy.

The same day on which the patient was admitted, Mr. Morgan made an incision into the fore-part of the tumour with a lancet, and evacuated nearly a pint of blood, partly in a fluid state and partly coagulated. Warm poultices were ordered to be applied to the part, and the patient to observe the recumbent position. On the following day Sir Astley Cooper, in going round the Hospital, had his attention directed to the case; the swelling at this time was not much reduced in size, notwithstanding the previous evacuation of blood. Sir Astley recommended a more free incision to be made.

Nov. 10. On visiting the patient this morning, we find him complaining of great pain in the scrotum, and labouring under considerable febrile excitement. The pulse is quick, the tongue furred, skin hot; he complains of thirst, and has obtained no sleep during the night. The whole of the scrotum is very much swollen, apparently from effusion into the cellular substance of the integuments, which are red and shining. Mr. Morgan made a very free longitudinal incision through the integuments of the scrotum, and having laid open the cavity of the tunica vaginalis, he found it much distended with blood. Large portions of coagulum were scooped out, which had become adherent to the surface of the tunic beneath, and the cavity was completely emptied of its contents. The vaginal tunic was evidently much thickened, but the testicle only appeared to be somewhat larger and more indurated than natural. A linseed-meal poultice ordered to be applied over the part; a dose of colocynth and calomel to be given directly.

11. Much relief has been experienced from freely laying open the tumour; the constitutional irritation has in a great measure subsided, and the swelling of the scrotum, arising from the loaded state of the cellular membrane, has greatly diminished. The bowels have been relieved only once. Ordered a saline aperient mixture, and to continue the poultices.

13. In every respect going on well; the parts are free from pain, and the swelling is still further reduced. Partial suppuration has commenced in the wound of the integuments. The poultices continued.

15. The poultices omitted, and strips of adhesive plaster applied over the wound. The testicle feels hard and is enlarged, but is not painful or tender on pressure. The swelling of the cellular membrane, consequent upon inflammation, being now relieved, and the cavity of the tunica vaginalis emptied of its contents, the parts have resumed their natural appearance and feel. The patient observes the recumbent posture, and the scrotum is well supported.

25. From the date of our last report the patient has gone on well; the wound progressively healing. We find him to day walking about the ward, only a small portion of the wound at the upper part remains unhealed. He is looking forward to leave the Hospital in the course of a short time.

The list of patients admitted by Mr. Key, on the 1st of November, presents the following cases, which we consider as worthy of a brief notice.

FUNGUS GROWING FROM THE SOLE OF THE FOOT, FOLLOWING A PUNCTURED WOUND.

The patient, a middle-aged woman, received a wound in the sole of the left foot from the point of a rusty nail, about eighteen months previous to her admission into the Hospital. The opening did not close, but there was a discharge, more or less, issuing from the part until Christmas last, when a small hard fungus made its appearance at the wound. This excrescence continued gradually to enlarge in spite of various measures that were adopted, until the time of the patient's admission. She had attended at the Hospital as an out-patient, under the care of Mr. Callaway, for the space of five months, during which time different kinds of caustic were repeatedly employed, but only with temporary benefit. When the part was examined by Mr. Key, there was a fungus of the size of a crown piece, situated just below the head of the metatarsal bone of the little toe; it was round and flattened, and was very firm to the feel; it had a broad base, and bled on being touched with the probe; it was not particularly sensitive, and there was no opening to be detected through which the probe could pass.

Mr. Key ordered a solution of the arseniate of potash to be applied to the part by means of lint; but a few days after the woman was seen by Sir A. Cooper, who directed that the fungus should be cut off, and that afterwards a tolerably free incision of the plantar fascia should be made, so as to enlarge the opening through which the fungus protruded. Sir Astley Cooper was of opinion that the fungus was of a simple kind, not growing from the under surface of the plantar fascia, but issuing through the original wound of the part, and being, as it were, constricted; the principle of cure, he thought, was to liberate it by enlarging the opening in the fascia.

CLOSURE OF THE MOUTH, FROM ADHESION OF THE CHEEK TO THE GUMS.

The patient, in this case, is a boy seven years of age. The inside of the right cheek has become so firmly adherent to the upper

and lower gums, that the mouth is closed, and the motion of the jaw rendered very slight,—a little lateral or grinding motion only is allowed. The only method by which the patient can take food, is through an opening occasioned by the removal of one of the incisor teeth; and it is truly distressing to witness him when eating, cramming the food, by means of his fingers, through this small orifice. It appears that he has been thus afflicted three years, and that it followed a severe attack of small-pox; whether any preparation of mercury was exhibited to the child during the progress of the disease, we cannot learn.

The child was admitted on the 1st of November; consequently, at the date of this report, November 23, has been in the hospital nearly a month, but nothing has yet been done for the case.

Mr. Key, we hear, is "*thinking about*" dividing the adhesions between the gums and cheek; if the atmospheric influence of the hospital shall not have previously dissolved them.*

CASE OF NOLI ME TANGERE, OR LUPUS, BENEFITED BY THE APPLICATION OF A SOLUTION OF ARSENIATE OF POTASH.

The disease under which this patient labours, is a specific sore on the end of the nose, occasioned, as Sir Astley Cooper remarks, by "ulceration of the sebaceous glands or follicles of the nose."

The patient is a woman 51 years of age; the sore is of sixteen months standing; it commenced as a pimple, and has gradually extended itself over the end of the nose; the greater part of the ulceration, however, is still on the side at which it commenced. It is superficial; and, at the time of admission, covered with a yellow crust.

Mr. Key directed a poultice to be applied for the purpose of removing the incrustation, and then a solution of arseniate of potash, two grains to an ounce of water, to be applied to the part by means of lint. Half a drachm of the carbonate of iron to be taken three times a day.

This plan of treatment has had a most decidedly beneficial effect; the ulcer appears to be healing very fast. The solution is now, Nov. 23, discontinued, and the white precipitate ointment applied, spread on lint.

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* We know that the Hospital air shuts up many men's mouths, but we never heard of its opening any, except at some of the dronish and long winded lectures. Perhaps it would be worth the experiment, to send the boy to hear a lecture; it would be invidious to say where.

Two Cases, in which the Patients have received an extraordinary number of Fractures, in consequence of having the disease called Fragilitas Ossium, or Brittleness of the Bones.

There are at present in Guy's Hospital two remarkable instances of morbid brittleness of the different bones of the body, from which cause one of the patients has sustained thirteen, and the other fourteen fractures. In both cases the bones are so fragile, that they are broken from the application of a very slight force. This state of bone has been remarked upon by many authors as occuring in bad cases of scurvy; also in syphilis, and in persons long affected with cancerous disease, or in extreme old age. In the present instances, however, there are no such circumstances, and the disease in one case appears to have been connate.

CASE 1. The patient is a cooper, 32 years of age, and not more than five feet in height, having been reduced seven inches and a half, according to his own statement, by the fractures which he has received. The right leg was fractured at a very early age; the right femur has been broken five times (only two months intervened between the two last fractures). The left thigh has been broken three times; the right humerus, three times broken, and the left humerus once. He was admitted into Accident Ward, under the care of Mr. Morgan, about three weeks since, with fracture of the neck of the right scapula. The patient states, that all the fractures have been occasioned by slight causes, such as a trifling blow on the part, or from his foot slipping when walking.

The union of the bones of the arm is tolerably good, and also of the leg, but in both thighs the bone is bent forward in a remarkable degree; in fact, the broken ends of the bone have united in such a manner, as to form an obtuse angle. It appears from the man's account, that a few years ago only one of the thigh bones was thus united, and that consequently the limb was several inches shorter than the opposite. Whilst in this state he broke the straight thigh, and came to Guy's Hospital, under the care of Sir A. Cooper, at the time in which Mr. Tyrrell was dresser. Now Mr. Tyrrell is an *ingenious* man, as every body knows, and, in his version of the case, says that he considered it would be right to join the broken bone in such a manner, that it should be of the same length as the other. This was effected without much difficulty; in fact, by treating the patient in the usual hospital manner, what Sir A. Cooper terms a "ram's horn," was produced, and the patient was shorn of his stature some few inches. In conclusion upon this case, it may be proper to remark, that the man's health has always been, and continues, very good.

Case 2. This patient is 50 years of age, and obtained his livelihood for many years as a market-man. He slipped down on the pavement when 21 years of age, fractured the left femur, and was in Guy's Hospital under the care of Mr. Cooper. After this time he fractured the same femur six times from slight causes, the left femur three times, and the left tibia twice. He was admitted last week into Cornelius' Ward, under the care of Mr. B. Cooper, with fracture of the left tibia, which constitutes the thirteenth fracture received since the patient attained the age of 21. Both thigh bones are much distorted; the right is curved outwards, whilst the left is bent forwards. This patient also states his general health always to have been good.

A few days since, when at the Hospital, we were favoured with the sight of a large urinary calculus, weighing upwards of nine ounces, which had ulcerated through the bladder into the vagina, and was found plugging up the os externum. The patient was under the care of a private practitioner for only a short period, so that but little is known of the particulars of the case; she had been for many years suffering, and died soon after he commenced his attendance. Her name was Mary Dell, and she was, it appears, about five years ago, for some time in the Cancer Ward! of the Middlesex Hospital, under the care of Mr. Cartwright, and was said to have *cancerous disease of the neck of the womb!*

OPERATION OF LITHOTOMY.—PECULIAR SITUATION OF THE STONE.

On Tuesday, Nov. 28, Mr. Morgan performed the operation of lithotomy. The patient, a delicate looking boy, six years of age.

The instruments employed on the occasion were, the straight staff and scalpel as used by Mr. Key.* There was a remarkable peculiarity in the case, which had the effect of rendering the operation somewhat difficult,—namely, that the calculus was partly situated within the bladder, and partly in the prostatic portion of the urethra. There was, in consequence of the stone being thus placed, much obstruction to passing the staff through the neck of the bladder; the instrument went readily down as far as the prostate, and here struck upon a hard substance, evidently a calculus. At length, with much difficulty, the staff was passed by into the bladder, as was denoted by a flow of urine. Mr. Morgan proceeded with the operation, making the usual incision in the perineum, placing the point of the scalpel in the groove of the staff, and carrying it onwards to the neck of the bladder. In attempting, however, to make the proper lateral section of the prostate gland, the knife was thrown aside by the stone; and, consequently, the opening in the bladder was limited.

Several minutes elapsed in extracting the stone, and it required considerable force to extricate it. It proved to be of an oblong shape, of about an inch and a quarter in length, and equal in thickness to a moderate sized thumb. On its fore-part there was a protuberance of the size of a nut, and the upper part of this was broken and irregular; this protuberance was supposed to have been lodged in the prostatic portion of the urethra, with the broken portion upwards. Immediately behind this was a narrow or contracted part,—a kind of cervix, and proceeding backwards the stone again was expanded. The narrow portion, it is conjectured, was placed directly at the opening into the bladder, whilst the expanded portion was within.

We are gratified to state that the little patient, at the date of this report, Dec. 2, appears to be going on well.

UNREDUCED DISLOCATION OF THE HUMERUS.

A poor man, 63 years of age, presented himself at the Hospital for admission during the last week, with dislocation of the humerus in the axilla. The accident occurred seven weeks previously, and the patient had not had recourse to medical advice, regarding it only as a sprain. There were the usual symptoms present, which are diagnostic of this species of dislocation, viz. the flattening of the shoulder, and the lengthening of the arm, with the elbow thrown from the side. The motion of the shoulder was very inconsiderable.

Notwithstanding the great length of time which had elapsed from the receipt of the accident, taken in conjunction with the age of the patient, yet Mr. B. Cooper thought proper to make an attempt at reduction. It was not considered necessary to draw blood from the arm previously, because the man did not appear to be very robust. Tartar emetic was administered in nauseating doses, and when the effect was fully produced, the pulleys were applied in the usual manner. Forcible extension was continued for a considerable length of time, but without producing any alteration in the situation of the bone.

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* The gorget is entirely abandoned at Guy's Hospital.

HOLE AND CORNER WORK AT GUY'S HOSPITAL—MR. KEY'S SECRET OPERATION OF BREAKING DOWN A CALCULUS IN THE BLADDER.

A poor man by the name of King, 52 years of age, was admitted into Job's Ward on 1st of November, under the care of Mr. Key, on account of calculus in the bladder. There was nothing remarkable about the case, and therefore, on passing round the Hospital on the following day, for the purpose of seeing the patients admitted, we simply noted down the age of the patient, that he had the usual symptoms of stone, and had laboured under the disease for several years.

On visiting the Hospital a few days after, we learned, *by accident*, (for the fact was carefully concealed,) that Mr. Key had attempted to break down the stone. The operation we understand, was performed on the 6th, between two and three o'clock in the afternoon, when all the pupils were at the anatomical lecture; Mr. Key, and two of his dressers, the inventer of the instrument, and a Mr. Cock, being the only persons present. After various ineffectual attempts, occupying upwards of an hour and a half, the patient was put to bed.

On the 14th, Mr. Key made a second attempt—it was equally private with the former; none of Mr. Key's colleagues, nor any of the pupils, were made acquainted with the intention of performing the operation. It was undertaken between the hours of two and three, as before; the patient was put into the warm bath, *the doors of the place were locked*, and the only persons present were Mr. Key, the inventer of the instrument, Mr. Cock, and a pupil, whose name we are not at liberty to mention.

With respect to the particulars of the operation, we learn, that although the stone was grasped, and two holes were said to have been drilled through it, yet the calculus did not break, and consequently nothing was gained by this *Macadamizing* operation. Upwards of an hour and a half elapsed in *fishing* for the stone, and *drilling*.

On the day following the operation, (15th,) we found, on visiting the patient, that his pulse was small and feeble, his tongue furred and dry in the centre. He did not complain of any particular pain in the bladder, but said that he felt sore, and he evinced tenderness on making pressure about the pubes.

On the 17th, he seemed very much depressed, being with difficulty roused; the tongue continued dry, and the pulse was feeble. There was no clear symptom of any organic disease going on in any part of the body—the bladder did not appear to be suffering from inflammation; in fact, the leading feature seemed to be a depressed state of the vital power, but on what this immediately depended, was not very evident.

On Tuesday morning, (21st,) finding that he became worse, he was taken away by his friends, and we understand that he died four days afterwards.

We have heard that the body was examined by Mr, Key, but we cannot vouch for the accuracy of this statement; at any rate Mr. Key has not thought proper to mention the case to his colleagues, (who we know, feel somewhat surprised thereat) or to any of the pupils.

BARTHOLOMEW'S HOSPITAL.

CASE OF VERY EXTENSIVE FRACTURE OF THE CRANIUM.

On Tuesday, September 12, John King, ætat. 45, was admitted into Colston's Ward, about 10 p. m. He was a man of very full habit of body, and from his occupation, which was that of a brewer's man, was accustomed to pay his devotions to the jolly god pretty freely. We understand that about three gallons of porter, and a proportionate quantity of gin, were his accustomed daily ration. Having indulged a *little* more freely than was his *common practice*, and his vision not being so acute as usual, he was thrown down by a runaway horse, and in the fall fractured his os frontis. There was an external wound on the forehead, about an inch in length, immediately over the right eye-brow; and the os frontis was fractured in the situation of the frontal sinus of the same side; he had received considerable contusion, both eyes were closed with effusion of blood into the eyelids, and the left shoulder and arm were bruised. He was in a comatose state on his admission, with the usual attendant symptoms,—insensibility, pupils negligent of the stimulus of light, breathing almost approaching to stertor, pulse slow; by degrees he recovered from the immediate effects of the injury, and by the morning was sufficiently sensible to give his name and occupation. Soon after his admission he was bled to ℥xx., a purgative, consisting of cal. grs. vj., jalap xii. administered, and cold cloths applied to his head. In the morning, about eleven o'clock, when we saw him, he had again become regardless to slight impressions, but was by no means insensible; his pupils very decidedly contracted on the application of light; an attempt to open the eyelids made him irritable, and called forth expressions of dislike at being disturbed. He has been

very restless, tossing about in the bed, and frequently cries out as though in pain; blood buffed and cupped; his bowels have been freely opened during the night; he has vomited a considerable quantity of bloody matter; the pulse 100, and beating powerfully; the dresser has again bled him to ℥xx. this morning. An attempt had been made to give him the saline mixture, with liquor antimonii tartarizati, but he refused to swallow it.

He continued in the same state of stupor the whole of Wednesday, the blood exhibiting the same appearance as on the first occasion; he made frequent attempts to vomit, without success, and possessed sufficient recollection to sit up in bed, and hold the basin; he was again bled to ℥xx., and another dose of calomel and jalap administered. He passed a sleepless and restless night, muttering incoherently, and vomiting the same bloody coloured fluid as on the previous night; blood less buffed and cupped.

On Thursday morning, he was exactly in the same state, when another dose of calomel and jalap was given. In the afternoon, he retained so much sense, as to get out of bed to pass his urine; from this time, he gradually became more insensible; his motions and urine passing involuntarily. His pulse becoming rapid in the evening, 130, he was again bled to ℥xx.

On Friday morning, his life was evidently nearly closed; his breathing difficult and rapid, and accompanied with stertor; his pulse 135, weak and intermitting; his pupils, however, still visibly contracted on the application of light, until within two hours of his death, after which time we did not see him; he died about noon.

Post-mortem Examination.

On Saturday, at 12, the body was examined. On removing the scalp, an extensive fracture of the os frontis was discovered, commencing at the external ends of the sinuses, the external plates of both were driven into their separate cavities; and extending in numerous directions over the whole of the right side of the frontal bone, and into the parietal bone; several pieces being isolated and loose, but not depressed above one or two lines; the fractured bones resembled a cracked pane of glass; on removing the upper part of the cranium, and looking at its internal part, the same appearance was presented, the fracture, or rather the numerous fissures, extending through both tables. Beneath the dura mater, and upon the arachnoid, was effused a small quantity of pus; at the anterior part of the anterior lobes, corresponding to both orbits, a portion of the brain, about the size of a walnut, had lost its natural appearance, and was softened and of a red colour, presenting the same appearance as when blood has been effused into its substance. At the posterior part of the brain, but more especially on the right side, a considerable quantity of blood had been effused between the arachnoid, and pia mater, presenting a dark red mottled appearance. The vessels on the surface of the brain were exceedingly turgid, and its substance when cut into, presenting numerous red points. The rest of the brain was natural. On examining the base of the skull, it was found that the right orbitar plate of the frontal bone was broken into numerous pieces, and pressed downwards into the orbit; that the fracture extended transversely in an arch-like manner from the right orbit through the frontal bone, to the left orbit, and thence completely backwards through its orbitar process; and by another fissure backwards, through the ethmoid bone, and downwards through the same bone, through the nasal process of the superior maxillary bone on one side, and on the other through the os nasi, and nasal process of the maxillary bone; the internal plates of the frontal sinuses were broken into numerous pieces, and driven into the sinuses.

The fracture, after proceeding backwards through the ethmoid, passed through the body of the sphenoid, exposing the sphenoidal cells, then through the basilar process of the occipital, into the foramen magnum; this fracture ran so completely through the basis, that the two sides of the basis of the skull were easily moved, and the edges of fracture separated to the extent of an eighth of an inch; neither the eyes nor the optic nerves seemed to have sustained any injury. To give an idea of the great extent of the fracture, we shall describe a portion of bone in the upper part of the face, which was completely isolated, and so moveable as to be detached by dividing the soft parts merely with a scalpal.

On the left side, a small portion of the lower, and middle part of the os frontis of the size of half a crown; the os nasi, and about an inch of the nasal process of the maxillary bone, with part of the os unguis; on the right side, half the os nasi, and about half an inch of the nasal process of the os maxillare; on the inner side of this portion of bone, were seen parts of the frontal spine; the crista galli of the ethmoid, and a triangular portion of the anterior part of the perpendicular plate of the same bone; these various parts were all firmly united in their natural manner, but completely separated from the rest of the cranium, a fracture running entirely round them.

This case appears to us to be interesting, when we consider the immense extent of the injury, at the same time recollecting the degree of sensibility the man retained to within a few hours of his death.

He gave his name and occupation on the morning after the accident, answered questions sensibly, and expressed in pretty strong terms, his sense of pain, on any attempts to examine the injured part, or the state of his pupils; which last, visibly contracted on the admission of light, to within a few hours of his death; he also arose from his bed on the second day to make water.

PHARYNGITIS, WITH ERYSIPELAS.

August 10. A girl, æt. 23, was admitted into the Hospital labouring under gonorrhœa, under Mr. Lawrence; and, in attending as an out-patient previously, had got completely wet through. Upon examination, the tongue was dry, and had a light brown glazed surface; the roof of the mouth in a similar state. The fauces and soft palate were of a deep red colour, and covered with a thick viscid and tenacious mucus, which was, with difficulty, dislodged, even with the assistance of repeated gargling; the right ear and adjacent part of the cheek are considerably swelled and red with erysipelas; vesications were observable in the former, and the meatus, being in some measure obstructed by the tumefaction; pulse extremely rapid and feeble, beating 152 in a minute. She was unable to stand without support; her tongue tremulous, obeying the will very imperfectly; bowels torpid for the two days previous to admission. She was ordered four grains of calomel, and ten of jalap statim, and senna mixture afterwards; v. grs. of the subcarbonate of ammonia every four hours, and a little port wine largely diluted, if the debility should indicate it. Towards evening the bowels having been freely opened, a state of insensibility nearly approaching to coma came on; the pulse still rapid and feeble; the head to be shaved, and cold lotion constantly used, and a large blister applied betwixt the shoulders; the ammonia and port wine to be discontinued.

11. Left ear and cheek erysipelatous, and the patient completely deaf; the senna mixture and cold lotions continued; the patient had three or four motions during the day.

12. The debility alarmingly increased; erysipelas extending; bowels open; the subcarbonate of ammonia every four or six hours, and wine and water.

13. The erysipelas has spread over the face and head; six doses of the subcarbonate, and a few table spoonfuls of wine, have been taken this morning; the latter seems to have caused an injurious excitement; bowels open; wine discontinued; ammonia continued.

14. Bowels have been freely evacuated; passed a restless night; five grains of hydr. c. creta every eight hours, ad tertiam vicem; the ammonia continued.

15. Slept well; free from pain; pulse quieter, but still feeble; erysipelas has not extended; bowels have been moved six times; discontinue the hydr. c. creta; the ammonia to be continued.

16. Bowels freely evacuated; throat well; tongue moist, and nearly clean; the erysipelas quickly subsiding; sulphatis quininæ, gr. ij. in infus. rosæ quarta quaque hora ad quartam vicem.

20. The face and head have desquamated, and the patient has almost recovered her strength; pulse quiet; tongue clean; she has not taken medicine since the 16th. A few days subsequently she was discharged, cured.

CASE OF ANOMALOUS APPEARANCE IN THE IRIDES AND PUPIL OF A PATIENT.

A woman came to the Hospital on Tuesday, Oct. 10, by Mr. Lawrence's desire, who exhibited a most peculiar appearance in her irides. The right was of a dark black colour, whilst the left was of a light grey. In the left eye was seen a capsulo lenticular cataract; the opaque streaks of the capsule being very observable, Mr. Lawrence remarked that a change in the colour of the iris would impress one with the idea that it had, at some distant period, been subjected to severe inflammation; but, in the present instance, there had never been either pain or inflammation. A change of colour was sometimes seen to follow a cataract, where the lens was in a soft state, and the capsule opaque; but, from the history of this case, it appeared the change of colour had preceded the occurrence of cataract; so that there was no accountable cause for this appearance. The right pupil presented a greenish appearance, as in glaucoma, but there was not the least imperfection of vision. Mr. Lawrence said, that this appearance generally resulted from an affection of the vitreous humour; but, in some cases, and especially in old people, it is now and then observed without any alteration of that structure, and with unaltered vision.